































University Hospital	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginum	standard_charginum	standard_charginum	standard_charginum	standard_charginum	standard_charginum	additional_generic_notes
University Hospital	2025-09-17	2.0.0	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	0500	
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 American	American			1838.46						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Multijan	Multijan			1592.02						80	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	Horizon			1579.71						75	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 First Health	First Health			1687.9						95	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Consumer	Consumer			2297.72						95	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 First Trenton	First Trenton			2170.15						90	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 United	CommercialPPO			1871.51						90	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Three Rivers	Three Rivers			2297.72						95	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	Medicare Blue			816.39						30.44	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	MCD			1579.71						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Wellcare	Medicaid			23.99						30.44	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Wellcare	Medicare			816.39						30.44	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 UHC	Medicare			816.39						159.92	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	PPO			1579.71						75	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 United	Oxford			1871.51						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Managed Care	Managed Care Inc			2170.15						90	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 UHC	MCD			23.99						30.44	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Aetna	Better Health			733.99						30.44	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	Indemnity			1579.71						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 First Health	First Health			1687.9						95	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Aetna	Medicare			742.67						30.8	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Correctors	Correctors			1820.02						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	PPO			1579.71						75	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Aetna	Commercial			1332.35						75	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 American	Amwell			1838.46						90	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 First Trenton	First Trenton			2170.15						90	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	Medicare Blue			816.39						30.44	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Amwell	Amwell			125						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Multijan	Multijan			1929.02						80	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Managed Care	Managed Care Inc			2170.15						90	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Wellcare	MCD			416.39						30.44	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Horizon	MCD			1579.71						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Consumer	Consumer			2297.72						95	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Three Rivers	Three Rivers			2297.72						95	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 WellPant	WellPant			746.46						31.04	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 UHC	Medicaid			733.99						30.44	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Outcare	Outcare			1688.8						75	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 UHC	Medicare			816.39						75	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 United	CommercialPPO			1871.51						95	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 Wellcare	Medicaid			733.99						30.44	125	125	2296.72	percent of total billed charges				
HC EXC MALLS FEE/ENL 05CM<	1840	OPT	outpatient	241128	98.85 United	Oxford			1871.51						90	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Horizon	PPO			1579.71						75	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Aetna	Better Health			736.81						30.44	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Amwell	Amwell			125						75	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Multijan	Multijan			1929.02						80	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 First Health	First Health			1688.38						70	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 American	Amwell			1838.46						90	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Horizon	Medicare			816.39						70	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Horizon	MCD			1579.71						75	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Aetna	Commercial			1332.35						30.44	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 UHC	Medicaid			736.81						30.44	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 American	Amwell			1838.46						90	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 UHC	Medicare			816.39						75	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Outcare	Outcare			1654.11						75	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Horizon	Medicare Blue			816.39						30.44	125	125	2296.72	percent of total billed charges				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842	OPT	outpatient	242054	98.85 Consumer	Consumer			2299.51						95	125	125	2296.72	percent of total billed charges				
HC EXCISION MALGNANT LESION F/ENL 1.12.0 CM	1842																						

description	last_updated_on	2025-06-17	20.0	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	3/10/19 true	category	code/type	unit	charge	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_counth	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargin	standard_charginx	standard_charginxtechnology	additional_generic_notes					
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Aetna	Medicare	68.92								21522		7926 Aetna	Medicare	68.92							1835.46 other					
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 United	Medicare	172.18								21522		7926 United	Medicare	172.18							1835.46 percent of total billed charges					
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Managed Care Inc	Managed Care Inc	19.7								21522		7926 Managed Care Inc	Managed Care Inc	19.7							1835.46 percent of total billed charges					
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Horizon	PP0	133.36								21522		7926 Horizon	PP0	133.36							1835.46 other					
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 UHC	Medicare	65.51								21522		7926 UHC	Medicare	65.51			20.44				63.36	1835.46 percent of total billed charges				
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 UHC	Medicare	68.92								21522		7926 UHC	Medicare	68.92							62.63	1835.46 other				
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Americare	Americare	161.42								21522		7926 Americare	Americare	161.42							75	1835.46 percent of total billed charges				
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 United	Medicare	161.42								21522		7926 United	Medicare	161.42							75	1835.46 percent of total billed charges				
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Amerihealth	HMO/PP0	125								21522		7926 Amerihealth	HMO/PP0	125								1835.46 fee schedule				
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 United	Oxford	1835.46								21522		7926 United	Oxford	1835.46								1835.46 case rate				
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Horizon	MD	133.36								21522		7926 Horizon	MD	133.36								30.44	1835.46 percent of total billed charges			
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Wellcare	Medicaid	65.51								21522		7926 Wellcare	Medicaid	65.51								80.44	1835.46 percent of total billed charges			
HC TRM NONDYSTROPHIC NALS ANY #	1719	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92									30.44	1835.46 other		
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 United	Medicare	172.18								21522		7926 United	Medicare	172.18									1835.46 percent of total billed charges			
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient	7926 Wellcare	Medicare	68.92								21522		7926 Wellcare	Medicare	68.92										30.44	1835.46 other	
HC DEBRIDEMENT NAIL ANY METHOD 1-5	1120	CPT	outpatient																											





hospital_name	hospital_address_line_num1	hospital_city	hospital_state	hospital_zip	30179 true	standard_chargenumber	standard_chargenumber_desc	cash	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_chargenumber	standard_chargenumber_desc	standard_chargenumber_desc	standard_chargenumber_desc	additional_generic_notes
University Hospital	University Hospital	Begon St	MD	21028		11832	52.46 First Health		First Health	83.67								
HC REMOVE W INS DRUG IMPLANT						11832	52.46 Multplan		Multplan	85.9								
HC REMOVE W INS DRUG IMPLANT						11832	52.46 United		United	153.46								
HC REMOVE W INS DRUG IMPLANT						11832	52.46 Quakare		Quakare	89.29								
HC REMOVE W INS DRUG IMPLANT						11832	52.46 Three Rivers		Three Rivers	1152.7								
HC REMOVE W INS DRUG IMPLANT						11832	52.46 WellPant		WellPant	270.11			115.28					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Americare		Americare	54.688								
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Amerhealth		HMO/PPD	125			45.65					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Horizon		PPO	463.13			156.81					Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Aetna		Better Health	22.107		30.44	204.95					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Amerhealth		Medicare	230.56			125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Aetna		Medicare	223.68		30.44	48.47					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Wellcare		Medicaid	221.07		30.44	209.41					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Horizon		Indemnity	446.13			153.42					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Corrections		Corrections	580.99			205.45					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Quakare		Quakare	54.688			125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Multplan		Multplan	68.999			125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Aetna		Commercial	376.27			121.11					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 UHC		Medicaid	22.107			188.36					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Consumer		Consumer	68.993		30.44	125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Horizon		Medicare Blue	230.56			93.66					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 First Health		First Health	653.62			125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 First Health		First Health	508.37		90	125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Horizon		MCD	463.13			128.53					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 UHC		Medicare	220.56			101.89					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Managed Care Inc		Managed Care Inc	663.62		90	125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Three Rivers		Three Rivers	689.93		95	125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 United		United	185.46			232.15					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 United		Commercial/PPD	183.46			41.96					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Wellcare		Americare	230.56			125					
HC SAMP REP TRUNK<2.5CM						726.24	265.14 Horizon		WellPant	524.42	31.04		206.88					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Americare		Americare	54.162		75	125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Aetna		Better Health	219.83		30.44	125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 United		Corrections	277.73		80	223.03					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Consumer		Consumer	68.055		95	125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Amerhealth		Medicare	230.56			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		Indemnity	222.143			94.22					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Aetna		Medicare	230.56			68.42					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Aetna		Commercial	325.27			93.8					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 First Health		First Health	649.94	90		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Amerhealth		HMO/PPD	125			79.71					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 UHC		Medicaid	219.83	30.44		200.76					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		Medicare Blue	230.56			56.26					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Managed Care Inc		Managed Care Inc	649.94	90		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		MCD	463.13			29.41					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 UHC		Medicare	230.56			65.66					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Multplan		Multplan	577.73	80		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Three Rivers		Three Rivers	689.93			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 First Health		First Health	505.51	70		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 United		United	185.46			336.48					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 United		Commercial/PPD	185.46			197.59					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Wellcare		Medicare	230.56			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		PPO	463.13			163.34					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Quakare		Quakare	54.162	75		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Wellcare		Medicaid	219.83	30.44		102.39					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 WellPant		WellPant	214.16	31.04		164.45					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 First Trenton		First Trenton	649.94	90		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		Medicare	230.56			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Aetna		Better Health	193.83	30.44		216.07					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Amerhealth		Medicare	230.56			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 UHC		Medicare	230.56			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Corrections		Corrections	277.73	80		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		PPO	463.13			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Aetna		Commercial	376.27			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Managed Care Inc		Managed Care Inc	649.94	90		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		MCD	463.13			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Amerhealth		HMO/PPD	125			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Consumer		Consumer	68.055	95		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 United		Commercial/PPD	185.46		31.04	125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 WellPant		WellPant	214.16			437.79					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		Medicare	230.56			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 United		United	185.46			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Americare		Americare	54.162	75		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		Indemnity	222.143			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Amerhealth		Medicare	230.56			125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Wellcare		Medicaid	219.83	30.44		189.6					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 First Health		First Health	505.51	70		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Multplan		Multplan	68.999	80		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Horizon		Indemnity	463.13	75		125					
HC RRRSIM SCALP ETC<2.6 TO 7.5CM						722.16	265.14 Quakare		Quakare	54.162			125					





University Hospital	last_updated_on	version	hospital_location	address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	3/19/19	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginin	standard_charginin	standard_charginin	standard_charginin	standard_charginin	standard_charginin	additional_generic_notes
description	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Horizon	Medicare Blue	710.27						550		2153.12	other				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Consumer	Consumer	2153.12				95		550		2153.12	percent of total billed charges				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Horizon	MD	139.37						550		2153.12	other				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Wellcare	Consumer	710.27						550		2153.12	other				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Horizon	CommerciaePPO	185.66						550		2153.12	case rate				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Horizon	Indersity	1374.37						550		2153.12	other				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Horizon	PPO	1374.37						550		2153.12	other				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Managed Care Inc	Managed Care Inc	2038.8			90			550		2153.12	percent of total billed charges				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	United	Oxford	1835.46						550		2153.12	case rate				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Three Rivers	Three Rivers	2153.12			95			550		2153.12	percent of total billed charges				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Wellcare	Wellcare	703.5						550		2153.12	percent of total billed charges				
HC RRR-INTERM SA/TEXT 20-130 CM	12036	CPT	12036	PT	2066.44	PT	2066.44	1816.81	Wellcare	Medicaid	889.9						550		2153.12	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Corrections	Corrections	5209.94						550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Aetna	Medicare	1122.49						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Aetna	Commercial	3483.9						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	LHC	Medicare	2120.49						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Aetna	Behr Health	1011.41			30.44			550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	American	American	4931.19						550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Horizon	Consumer	6266.17			75			550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Horizon	HMO/PO	500						550		6346.17	schedule				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Horizon	PPO	4107.02						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Horizon	Medicare Blue	1122.49						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Horizon	MD	4107.02						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	AmerHealth	Medicare	2122.49						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	First Trenton	First Trenton	591.73						90		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Horizon	Indersity	4107.02						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	First Health	First Health	4602.44			70			550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	United	CommerciaePPO	2857.79						550		6346.17	case rate				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Wellcare	Medicare	2122.49						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	United	Oxford	2592.79						550		6346.17	case rate				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Multiplan	Multiplan	1895.94			80			550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Wellcare	Medicaid	2001.41						550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Managed Care Inc	Managed Care Inc	5917.63						550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Qualicare	Qualicare	1919.19						550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	WellPoint	WellPoint	2006.86						550		6346.17	percent of total billed charges				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	LHC	Medicare	2001.41						550		6346.17	other				
HC RRR-INTERM SCALP OVER 30.00 CM	12037	CPT	12037	PT	6574.92	PT	6574.92	2440.86	Three Rivers	Three Rivers	6266.17			30.44			550		6346.17	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Aetna	Commercial	756.56						125		1835.46	other				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	LHC	Medicaid	6266.17			30.44			125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Horizon	PPO	897.03						125		1835.46	other				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Horizon	Medicare Blue	463.58						125		1835.46	other				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	American	American	1878.65						125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Aetna	Medicare	442.97						125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Consumer	Consumer	1362.29						125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Aetna	Behr Health	1017.79			30.44			125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	AmerHealth	HMO/PO	125						125		1835.46	fee schedule				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	United	Oxford	1835.46						125		1835.46	other				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Corrections	Corrections	1105.96						125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Multiplan	Multiplan	1105.96			80			125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Horizon	MD	897.03						125		1835.46	other				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	AmerHealth	Medicare	463.58						125		1835.46	other				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	First Health	First Health	1006.74						125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT	1438.2	533.12	Qualicare	Qualicare	1842.42						125		1835.46	percent of total billed charges				
HC RRR-INTERM N/HF/AGENT <=2.5 CM	12041	CPT	12041	PT	1438.2	PT																		











University Hospital	last_updated_on	version	hospital_location_address_line_num10 to the best of its knowledge and belief. the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	unit	charge	unit_of_measurement	drug_name	drug_type_of_measurement	standard_charges	standard_charges/adjusted_cash	payee_name	plan_name	standard_charges/negotiated_dollar	standard_charges/negotiated_percentage	standard_charges/negotiated_algorithm	estimated_amount	standard_charges	standard_charges	standard_charges	standard_charges	additional_generic_notes
code1	code2	code3	code4	code5	code6	code7	code8	code9	code10	code11	code12	code13	code14	code15	code16	code17	code18	code19	code20	code21	code22	code23
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Ulrich	Medicaid	17.13	30.44		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Aetna	Better Health	17.13	30.44		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		American	American	42.2	75		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Corrections	Corrections	45.02	80		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Commercial	Commercial	17.13	30.44		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Aenehealth	HMO/PO	600	308		1835.46	fee schedule		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Wellcare	Medicaid	17.13	30.44		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		MCO	MCO	21.54	38.28		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		WellPant	WellPant	17.47	31.04		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		First Health	First Health	39.39	70		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Consumer	Consumer	53.46	96		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Horizon	Medicare Blue	16.88	30		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		United	Oxford	1835.46			1835.46	case rate		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		United	Commercial/PO	1835.46			1835.46	case rate		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Multplan	Multplan	45.02	80		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		First Trenton	First Trenton	50.64	90		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Horizon	NJ Health	39.83	70		1835.46	fee schedule		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Horizon	Indemnity	21.54	38.28		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Quakere	Quakere	42.2	75		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Horizon	PPO	21.54	38.28		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Managed Care Inc	Managed Care Inc	60.64	90		1835.46	percent of total billed charges		18.88						
HC AP SK SB GR7 TIAL 1ST 2SS E A	15272	CPT	outpatient	5827	LHC	17.13		Three Rivers	Three Rivers	53.46	95		1835.46	percent of total billed charges		18.88						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Horizon	Indemnity	4107.02			28.21	6500.74	other		28.21					Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Aetna	Medicare	2122.49			28.21	6500.74	other		28.21					Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Aetna	Commercial	3403.8			28.21	6500.74	other		28.21					Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	First Health	First Health	4796.65		70	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	First Trenton	First Trenton	6187.12			28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Horizon	PPO	2077.02			28.21	6500.74	other		28.21					Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	American	American	5193.27		75	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Aetna	Better Health	2096.96		30.44	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Horizon	Medicare	2092.21			28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Corrections	Corrections	5481.89		80	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Aenehealth	Medicare Blue	1617.12		90	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Managed Care Inc	Managed Care Inc	6187.12		90	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Horizon	MCO	4107.02			28.21	6500.74	other		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Aenehealth	HMO/PO	600			28.21	6500.74	fee schedule		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Consumer	Consumer	6500.74		95	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	LHC	Medicare	1222.49			28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Multplan	Multplan	5481.89		80	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Wellcare	Medicare	2122.49			28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Horizon	NJ Health	39.83			28.21	6500.74	fee schedule		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	United	Oxford	2987.79			28.21	6500.74	case rate		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Quakere	Quakere	5193.27		75	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	WellPant	WellPant	3910.97		31.04	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Indemnity	Indemnity	6500.74		95	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Three Rivers	Three Rivers	6500.74		95	28.21	6500.74	percent of total billed charges		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	United	Oxford	2987.79			28.21	6500.74	case rate		28.21						
HC SB GR77 FSN UP TO 100 SQCM 1ST	15275	CPT	outpatient	6852.36	LHC	2440.86	Wellcare	Medicaid	1835.46		30.44	28.21	6500.74	percent of total billed charges		28.21						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	Aetna	Medicare	12.38		30.8	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	Multplan	Multplan	84.05		80	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	First Health	First Health	73.54		70	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	American	American	78.8		75	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	Corrections	Corrections	84.05		80	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	Horizon	Medicare Blue	31.52		31.52	1835.46	percent of total billed charges		31.52							
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	Aetna	Better Health	31.98		30.44	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	First Trenton	First Trenton	34.55		90	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	Consumer	Consumer	99.81		95	31.52	1835.46	percent of total billed charges		31.52						
HC APP SKN SUB GR77 EA ADDL 25K	15276	CPT	outpatient	15056	LHC	15056	Quakere	Quakere	78.8		75	31.52	1835.46	percent of total								















University Hospital	last_updated_on	version	hospital_location_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	effective_date	code_type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cmsr_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimatd_amount	standard_charginet	standard_charginetms	standard_charginetmsology	additional_generic_notes	
HC BIOPSY MUSCLE PERC NDL	2026	07	210.0	31019 true	2026	CPT				5745.66		2162 Horizon	PP0	4368.53			1770.5			5458.38 other		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Corrections	Corrections	4368.53						5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Aetna	Behavioral Health	4368.53	30.44					5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Horizon	Indemnity	4368.53						5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Aetna	Commercial	4368.53			1109.76			5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 American	American	4309.25						5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Consumer	Consumer	5458.38	75					5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Aetna	WellPoint	1793.66						5458.38 other		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 UHC	Medicare	1800						5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 WellPoint	WellPoint	1783.45		31.04		1725.42		5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 UHC	Medicare	1800						5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 United	Commercial/PP0	2967.79						5458.38 case rate		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 AmerHealth	HMOPPO	500						5458.38 other		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 First Trenton	First Trenton	5111.09	90					5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 First Health	First Health	4021.96	70					5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Horizon	NU Health	375.08			2134.03			5458.38 fee schedule		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 AmerHealth	Medicare	1800						5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Managed Care Inc	Managed Care Inc	5117.09	90					5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Horizon	Medicare Blue	1800						5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Wellcare	Medicare	1746.88	30.44					5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Horizon	MGD	3637.8						5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Three Rivers	Three Rivers	5458.38	95			1427.92		5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Wellcare	Medicare	1800						5458.38 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 United	Medicaid	1871.51						5458.38 other		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Multplan	Multplan	4960.53	75					5458.38 percent of total billed charges		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 United	Oxford	2597.79	80					5458.38 case rate		
HC BIOPSY MUSCLE PERC NDL	2026	07			2026	CPT	both			5745.66		2162 Quicare	Quicare	4309.25	80					5458.38 percent of total billed charges		
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 American	American	4324.55	75					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Horizon	PP0	3637.8						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Aetna	Medicare	1800						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 First Health	First Health	4028.24	70					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Aetna	Commercial	4028.16						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Horizon	MGD	3637.8						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Multplan	Medicare	4672.86						248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Aetna	Behavioral Health	4672.86	30.44					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 AmerHealth	HMOPPO	300						248.92	5477.76 fee schedule	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 United	Oxford	1871.51						248.92	5477.76 case rate	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Consumer	Consumer	5477.76	95					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Horizon	Indemnity	3637.8						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 AmerHealth	Medicare	1800						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 UHC	Medicaid	1755.19						248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Quicare	Quicare	4324.55	30.44					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 First Trenton	First Trenton	5189.45	90					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Horizon	Medicare Blue	1800						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 WellPoint	WellPoint	1789.79	31.04					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Corrections	Corrections	4309.25						248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Horizon	NU Health	248.92			3236.19			248.92	5477.76 fee schedule	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Wellcare	Medicaid	1755.19	30.44					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Horizon	Medicare	1800						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Managed Care Inc	Managed Care Inc	5189.45	90					248.92	5477.76 percent of total billed charges	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 United	Commercial/PP0	1871.51						248.92	5477.76 case rate	
HC BIOPSY HARD TISSUE EXC SUPER	2020	07			2020	CPT	both			5766.00		2162 Three Rivers	Three Rivers	5477.76	95					248.92	5477.76 percent of total billed charges	
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 Wellcare	Medicare	1800						248.92	5477.76 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 UHC	Medicaid	1800						600	5913.81 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 Consumer	Consumer	5913.81	95					600	5913.81 percent of total billed charges	
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 American	American	4688.8	75					600	5913.81 percent of total billed charges	
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 Corrections	Corrections	4980.65	90					600	5913.81 percent of total billed charges	
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 AmerHealth	HMOPPO	600						600	5913.81 fee schedule	
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 Aetna	Commercial	3068.16						600	5913.81 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 Aetna	Behavioral Health	3068.16	30.44					600	5913.81 percent of total billed charges	
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 First Trenton	First Trenton	5602.55	90					600	5913.81 percent of total billed charges	
HC BIOPSY TROCARNOIL DEEP	2025	07			2025	CPT	both			5766.00		2162 AmerHealth	Medicare	1800						600		

Hospital Location		last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargesgms	standard_chargesgms_cash	payer_name	plan_name	standard_chargesnegotiated_dollar	standard_chargesnegotiated_percentage	standard_chargesnegotiated_algorithm	estimated_amount	standard_charginjms	standard_charginjms	standard_charginjms	standard_charginjms	additional_generic_notes
description	code	2025-10-17	2.0.0	University Hospital	31019 true																
HC THERAPEUTIC INJ. CARPAL TUNNEL	26226	CPT	1071	303.89 Managed Care Inc	Managed Care Inc	outpatient			983.9		Managed Care Inc		983.9			983.9				1835.46 percent of total billed charges	
HC THERAPEUTIC INJ. CARPAL TUNNEL	26226	CPT	1071	303.89 Three Rivers	Three Rivers	outpatient			1071.65		Three Rivers		1071.65			95				1835.46 percent of total billed charges	
HC THERAPEUTIC INJ. CARPAL TUNNEL	26226	CPT	1071	303.89 Wellcare	WellPart	outpatient			324.4		WellPart		324.4			31.04				1835.46 percent of total billed charges	
HC THERAPEUTIC INJ. CARPAL TUNNEL	26226	CPT	1071	303.89 Wellcare	Medicaid	outpatient			326.01		Medicaid		326.01			30.44				1835.46 percent of total billed charges	
HC THERAPEUTIC INJ. CARPAL TUNNEL	26226	CPT	1071	303.89 UHC	Medicaid	outpatient			326.01		Medicaid		326.01			30.44				1835.46 percent of total billed charges	
HC THERAPEUTIC INJ. CARPAL TUNNEL	26226	CPT	1071	303.89 Wellcare	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC THERAPEUTIC INJ. CARPAL TUNNEL	26226	CPT	1071	303.89 United	CommercialPPO	outpatient			1835.46		CommercialPPO		1835.46							1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1071	303.89 United	CommercialPPO	outpatient			1835.46		CommercialPPO		1835.46							1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Aetna	Better Health	outpatient			480.64		Better Health		480.64			30.44				1835.46 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Aetna	Commercial	outpatient			568.98		Commercial		568.98			38.77				1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Aetna	Medicare	outpatient			486.32		Medicare		486.32			30.8				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicaid	outpatient			1263.17		WellPart		1263.17			80				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicare	outpatient			125		Medicaid		125			75				1835.46 fee schedule	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicare	outpatient			1184.22		Medicare		1184.22			80				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Horizon	NJ Health	outpatient			63.29		NJ Health		63.29				60.44			1835.46 fee schedule	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 UHC	Medicaid	outpatient			430.74		Medicaid		430.74			30.44				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicare	outpatient			1184.22		Medicare		1184.22			75				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Consumer	Consumer	outpatient			1500.01		Consumer		1500.01			95				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 First Trenton	First Trenton	outpatient			1476.106		First Trenton		1476.106			90				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 First Health	First Health	outpatient			1162.57		First Health		1162.57			80				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Multplan	Medicare Blue	outpatient			1263.17		Medicare Blue		1263.17			70				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Horizon	Medicare Blue	outpatient			342.51		Medicare Blue		342.51				29.4			1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Three Rivers	Three Rivers	outpatient			1500.01		Three Rivers		1500.01							1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 WellPart	WellPart	outpatient			480.64		WellPart		480.64			31.04				1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 UHC	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Horizon	MGD	outpatient			662.76		MGD		662.76			61.87				1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Horizon	Indemnity	outpatient			662.76		Indemnity		662.76			38.29				1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 United	CommercialPPO	outpatient			1835.46		CommercialPPO		1835.46							1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 United	CommercialPPO	outpatient			1835.46		CommercialPPO		1835.46							1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 United	CommercialPPO	outpatient			1835.46		CommercialPPO		1835.46							1835.46 case rate	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Horizon	PPO	outpatient			662.76		PPO		662.76			30.44				1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Wellcare	Medicaid	outpatient			480.64		Medicaid		480.64							1835.46 percent of total billed charges	
HC INJ. TENDON SHEATH UG	26550	CPT	1579.96	303.89 Managed Care Inc	Managed Care Inc	outpatient			1476.106		Managed Care Inc		1476.106			90				1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Aetna	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 UHC	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Aetna	Better Health	outpatient			480.64		Better Health		480.64			30.44				1835.46 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Consumer	Consumer	outpatient			1500.01		Consumer		1500.01			95				1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			1263.17		Medicare		1263.17			75				1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Aetna	Commercial	outpatient			568.98		Commercial		568.98							1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			1263.17		WellPart		1263.17			80				1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			125		Medicaid		125			70				1835.46 fee schedule	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 First Trenton	First Trenton	outpatient			1476.106		First Trenton		1476.106			90				1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Horizon	PPO	outpatient			662.76		PPO		662.76							1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Horizon	MGD	outpatient			662.76		MGD		662.76							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			125		Medicaid		125			90				1835.46 fee schedule	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Managed Care Inc	Managed Care Inc	outpatient			663.9		Managed Care Inc		663.9							1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Horizon	Medicare Blue	outpatient			342.51		Medicare Blue		342.51							1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Multplan	Mulplan	outpatient			1066.9		Mulplan		1066.9			80				1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 United	CommercialPPO	outpatient			1835.46		CommercialPPO		1835.46							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Horizon	NJ Health	outpatient			63.29		NJ Health		63.29				31.04			1835.46 fee schedule	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			1263.17		WellPart		1263.17							1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Horizon	NJ Health	outpatient			63.29		NJ Health		63.29							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			342.51		Medicare		342.51							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicare	outpatient			326.01		Medicaid		326.01			30.44				1835.46 percent of total billed charges	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 United	CommercialPPO	outpatient			1835.46		CommercialPPO		1835.46							1835.46 case rate	
HC INJ. SINGLE TENDON ORIGINERT	26551	CPT	1071	303.89 Wellcare	Medicaid	outpatient			326.01		Medicaid		326.01							1835.46 case rate	
HC INJECTION SINGLEMT TRIGGER POINT 1 OR 2 MUSCLES. PORTABLE	26552	CPT	1332.38	303.89 Consumer	Consumer	outpatient			1266.76		Consumer		1266.76								



hospital_name	last_updated_on_version	hospital_location_address_line_num1_to_the_best_of_its_knowledge_and_belief_the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50_and_the_information_encoded_is_true_accurate_and_complete_as_of_the_date_indicated	code_type	unit	charge	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenorm	standard_chargenorm_cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginorm	standard_charginorm	standard_charginormtechnology	additional_generic_notes
University Hospital	2025-10-17	21.0	0201	outpatient	5005.34			652.68	2162	Multilan	Multilan	131.54		80	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	America	America	462.51		75	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Horizon	Indemity	363.7		80	131.54			5943.85 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	First Trenton	First Trenton	563.01		80	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Aetna	Commercial	180		95	131.54			5943.85 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	First Health	First Health	4376.68		70	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	United	CommercialPPO	2927.79		80	131.54			5943.85 case rate	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	WellPoint	WellPoint	1942.07		31.04	1140.81			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	AmerHealth	HMO/PO	300		80	131.54			5943.85 fee schedule	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Horizon	Medicare Blue	180		95	131.54			5943.85 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Horizon	PPD	363.8		80	131.54			5943.85 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Consumer	Consumer	594.85		95	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	AmerHealth	Medicare	180		95	131.54			5943.85 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Managed Care	Managed Care Inc	551.01		80	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	United	United	297.79		80	131.54			5943.85 case rate	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Corrections	Corrections	5493.34		80	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Horizon	NJ Health	131.54		62.57	131.54			5943.85 fee schedule	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Quaker	Quaker	462.51		75	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Horizon	MCO	363.7		80	131.54			5943.85 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Three Rivers	Three Rivers	594.85		95	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	Aetna	Commercial	180		95	131.54			5943.85 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	WellCare	Medicaid	194.43		30.44	131.54			5943.85 percent of total billed charges	
HC REMOVAL OF IMPLANT SUPERFICIAL	202670	CPT	outpatient	6256.68				6256.68	2162	WellCare	Medicare	180		95	131.54			5943.85 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	AmerHealth	Medicare	330.89		80	568.04			887.48 case rate	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Aetna	Better Health	2879.78		30.44	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	UHC	Medicaid	2879.78		30.44	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Aetna	Commercial	330.89		80	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	AmerHealth	HMO/PO	650		80	568.04			887.48 fee schedule	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Horizon	Indemity	6429.92		5403.1	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Multilan	Multilan	768.4		80	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Consumer	Consumer	892.48		95	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Corrections	Corrections	568.04		15.2	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	UHC	Medicare	330.89		80	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Horizon	NJ Health	363.8		80	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	America	America	705.38		75	361.95			887.48 fee schedule	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	America	America	662.35		70	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	First Health	First Health	6429.92		6047.77	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Quaker	Quaker	705.38		75	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	First Trenton	First Trenton	851.45		90	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	United	United	2879.78		80	568.04			887.48 case rate	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	WellCare	Medicare	330.89		80	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Horizon	PPD	6429.92		80	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	United	CommercialPPO	2929.28		80	568.04			887.48 case rate	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	WellPoint	WellPoint	2964.54		31.04	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Horizon	Medicare Blue	330.89		80	568.04			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Managed Care	Managed Care Inc	144.46		80	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	Three Rivers	Three Rivers	897.48		95	568.04			887.48 percent of total billed charges	
HC REMOVAL OF IMPLANT DEEP	20680	CPT	outpatient	9405.5				9405.5	3819.02	WellCare	Medicaid	2879.78		30.44	238.62			887.48 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Aetna	Better Health	308.66		30.44	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	First Health	First Health	751.21		70	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Aetna	Commercial	320.89		80	535.31			1079.82 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Corrections	Corrections	895.95		80	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Horizon	Medicare Blue	186.99		90	535.31			1079.82 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Consumer	Consumer	1065.62		95	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	America	America	8049.33		75	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	First Trenton	First Trenton	9629		80	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Horizon	PPD	1033.28		90	535.31			1079.82 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Multilan	Multilan	856.95		80	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Aetna	Medicare	186.99		90	535.31			1079.82 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Managed Care	Managed Care Inc	169.9		80	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	WellPoint	WellPoint	331.35		31.04	535.31			1079.82 percent of total billed charges	
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	Horizon	Indemity	359.28		80	535.31			1079.82 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC REPLANT DIGIT EX THUMB	20222	CPT	outpatient	10732.44				10732.44	2155.54	AmerHealth	HMO/PO	650		80	535.31			1079.82 fee schedule	
HC REPLANT DIGIT EX THUMB																			















hospital_location	hospital_address_line_num1	best_of_knowledge_and_belief	hospital_included_in_applicable_standard_charge_information	in accordance_with_requirements_of_45_CFR_180.50	and_information_encoded_is_true	accurate_and_complete_as_of_the_data_entry_date	standard_charge	standard_charge_multiplier	standard_charge_multiplier_percentage	standard_charge_multiplier_algorithm	estimated_amount	standard_charge	standard_charge_multiplier	standard_charge_multiplier_percentage	standard_charge_multiplier_algorithm	additional_generic_notes
University Hospital	2025-04-17	21.0	13119	trn												
description	code	type	unit	measurement	type	unit	charge	rate	rate	rate	charge	rate	rate	rate	rate	rate
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Aetna	Medicare			1484.46				30.8	300	4852.14	2185.54	Aetna	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Comorbidities	Corrections			388.171				80	300	4852.14	2185.54	Comorbidities	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	First Health	First Health			206.2				70	300	4852.14	2185.54	First Health	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Horizon	Medicare Blue			186.99				300	300	4852.14	2185.54	Horizon	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Horizon	Medicare Blue			359.28				300	300	4852.14	2185.54	Horizon	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Managed Care Inc	Managed Care Inc			4366.93				90	300	4852.14	2185.54	Managed Care Inc	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Amerihealth	HMO/PRO			300				300	300	4852.14	2185.54	Amerihealth	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Amerihealth	Amerihealth			368.11				75	300	4852.14	2185.54	Amerihealth	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Horizon	PP0			393.28				300	300	4852.14	2185.54	Horizon	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	LHC	Medicaid			1479.99				30.44	300	4852.14	2185.54	LHC	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Three Rivers	Medicaid			409.63				95	300	4852.14	2185.54	Three Rivers	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Horizon	NJ Health			55.04				266.1	300	4852.14	2185.54	Horizon	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Horizon	Indemnity			393.28				300	300	4852.14	2185.54	Horizon	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	United	Commercia/PP0			183.46				300	300	4852.14	2185.54	United	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Wolkare	Medicare			186.99				300	300	4852.14	2185.54	Wolkare	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Consumer	Consumer			469.53				95	300	4852.14	2185.54	Consumer	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	LHC	Medicare			186.99				300	300	4852.14	2185.54	LHC	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Malplan	Malplan			381.71				80	300	4852.14	2185.54	Malplan	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	United	Orford			183.46				75	300	4852.14	2185.54	United	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Qualcare	Qualcare			208.11				80	300	4852.14	2185.54	Qualcare	
HC CLSD TRT HUM SHAFT W MAN	4852.14	2185.54	Wolkare	Medicaid			1479.99				30.44	300	4852.14	2185.54	Wolkare	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	LHC	Medicaid			178.34				125	125	4852.14	2185.54	LHC	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Commercial			44.25				125	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Aetna	Better Health			267.68				30.44	125	4852.14	2185.54	Aetna	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Aetna	Aetna			693.93				75	125	4852.14	2185.54	Aetna	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Amerihealth	HMO/PRO			125				125	125	4852.14	2185.54	Amerihealth	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Medicare			70.3				80	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Comorbidities	Corrections			70.3				80	125	4852.14	2185.54	Comorbidities	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Medicare			278.34				125	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Aetna	Medicare			70.3				80	125	4852.14	2185.54	Aetna	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Medicare			70.3				80	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Managed Care Inc	Managed Care Inc			693.93				75	125	4852.14	2185.54	Managed Care Inc	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	First Health	First Health			61.56				125	125	4852.14	2185.54	First Health	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Medicare			278.34				125	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Comorbidities	Corrections			693.93				95	125	4852.14	2185.54	Comorbidities	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Medicare			186.99				125	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	United	Commercia/PP0			183.46				125	125	4852.14	2185.54	United	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Medicare Blue			278.34				125	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	MGD			538.59				125	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	United	Orford			183.46				125	125	4852.14	2185.54	United	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Wolkare	Commercia/PP0			183.46				125	125	4852.14	2185.54	Wolkare	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	First Health	First Health			193.43				90	125	4852.14	2185.54	First Health	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	Medicaid			267.68				30.44	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	NJ Health			39.2				95	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Three Rivers	Three Rivers			18.4				125	125	4852.14	2185.54	Three Rivers	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Horizon	PP0			538.59				125	125	4852.14	2185.54	Horizon	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Wolkare	Medicare			278.34				125	125	4852.14	2185.54	Wolkare	
HC CLOSED TX OF SUPRACONDYLAR OF TRANSYONDYLAR HUMERAL FX, WITHOUT MANIPULATION	4852.14	2185.54	Managed Care Inc	Managed Care Inc			693.93				125	125	4852.14	2185.54	Managed Care Inc	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Consumer	Consumer			278.68				30.44	300	5362.14	2185.54	Consumer	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	First Trenton	First Trenton			425.93				10.4	300	5362.14	2185.54	First Trenton	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Aetna	Better Health			186.99				95	300	5362.14	2185.54	Aetna	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Aetna	Better Health			186.99				30.44	300	5362.14	2185.54	Aetna	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Comorbidities	Corrections			428.71				80	300	5362.14	2185.54	Comorbidities	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	NJ Health			54.54				384.71	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Aetna	Commercial			3000.61				300	300	5362.14	2185.54	Aetna	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	Indemnity			393.28				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Aetna	Medicare			186.99				300	300	5362.14	2185.54	Aetna	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Managed Care Inc	Managed Care Inc			425.93				90	300	5362.14	2185.54	Managed Care Inc	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Amerihealth	Amerihealth			402.61				75	300	5362.14	2185.54	Amerihealth	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	First Health	First Health			370.5				70	300	5362.14	2185.54	First Health	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Amerihealth	HMO/PRO			300				300	300	5362.14	2185.54	Amerihealth	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	PP0			393.28				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	MGD			538.59				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	Medicare Blue			186.99				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	PP0			393.28				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	MGD			538.59				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	Medicare Blue			186.99				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	PP0			393.28				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	MGD			538.59				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	Medicare Blue			186.99				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	PP0			393.28				300	300	5362.14	2185.54	Horizon	
HC CL TX SUPRATRANSCOND HUM FX W MAMP	5362.14	2185.54	Horizon	MGD			538.59				300	300	5362.14	2		

















description	unit	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	3/19/19	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargeloss	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginin	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
code	code	2025-09-17	21.0	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 United	3596.78						Outford					650			10065.97	case rate	
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 First Health	3741.03						First Health		70			650			10065.97	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 UHC	3741.03						Medicare		70			650			10065.97	other	
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 Horizon	7284.87						PPO					650			10065.97	other	
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 Multicare	643.61						Multicare					650			10065.97	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 Horizon	7284.87						MGD					650			10065.97	other	
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 Three Rivers	Three Rivers						10065.97		95			650			10065.97	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 Managed Care Inc	Managed Care Inc						9538.18		90			650			10065.97	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 Wellcare	Medicare						3764.79					650			10065.97	other	
HC AMPUTATION METACARPAL	CPT	26910	CPT	outpatient	105676	4293.51 Wellcare	Medicare						3225.35		20.44			650			10065.97	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Wellcare	Medicare						3764.79					650			10195.82	fee schedule	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Horizon	NJ Health						334.34					348.14			10195.82	fee schedule	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Horizon	Medicare Blue						3764.79					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Multicare	Multicare						8548.56		80			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Aetna	Medicare						3764.79					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Corrections	Corrections						8596.95		80			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Aetna	Wellcare						8596.95		30.44			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 United	Commercial						6144.14					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Amcare	American						8049.33		75			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Three Rivers	Three Rivers						8049.33		95			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 UHC	Medicare						3764.79					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Questare	Questare						8049.33		75			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Consumer	Consumer						10195.82		95			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 First Trenton	First Trenton						9699.2		90			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 AmHealth	HMO/PRO						550					348.14			10195.82	fee schedule	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Wellcare	Medicare						3764.79					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 United	Outford						2967.79					348.14			10195.82	case rate	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Horizon	Intensify						7284.87					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 First Health	First Health						7512.71		70			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 UHC	Medicare						3266.95		20.44			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Horizon	Medicare						7284.87					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Horizon	PPO						7284.87					348.14			10195.82	other	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Wellcare	Medicare						3266.95					348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 Managed Care Inc	Managed Care Inc						2692.79		85			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 United	Commercial/PRO						2581.79					348.14			10195.82	case rate	
HC AMPUTATION FINGER/THUMB PRIMS	CPT	26951	CPT	outpatient	107244	4293.51 WellPoint	WellPoint						3311.55		11.04			348.14			10195.82	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Corrections	Corrections						1035.69		80			348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Aetna	Commercial						6144.14					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 AmHealth	HMO/PRO						800					348.14			7284.87	fee schedule	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Horizon	Medicare Blue						3764.79					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Aetna	Better Health						1572.55		20.44			348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Amcare	Medicare						1577.02		75			348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 First Health	First Health						3615.55		70			348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 AmHealth	Medicare						3764.79					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Horizon	Intensify						7284.87					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Aetna	Medicare						3764.79					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Horizon	MGD						7284.87		20.44			348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 UHC	Medicare						7284.87					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Multicare	Multicare						4135.49					348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Consumer	Consumer						4919.89		95			348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 UHC	Medicare						1573.55		20.44			348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Wellcare	Medicare						1573.55					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Horizon	PPO						7284.87					348.14			7284.87	other	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 First Trenton	First Trenton						4652.42		90			348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Questare	Questare						3877.02		75			348.14			7284.87	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 Horizon	NJ Health						334.34					348.14			7284.87	fee schedule	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.51 United	Commercial/PRO						2967.79					348.14			7284.87	case rate	
HC AMPUTATION WITH V-Y PLASTY	CPT	26962	CPT	outpatient	5169.36	4293.5																	

University Hospital	last_updated_on	version	hospital_location_address_line_num10 to the best of its knowledge and belief. The hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscounthead	payer_name	plan_name	standard_chargediscounthead_dollar	standard_chargediscounthead_percentage	standard_chargediscounthead_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargeministry	additional_generic_notes	
description	codeid	type	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Horizon	Medicare Blue	455.84									23.71				1835.46 case rate	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Horizon	HMO/PPD	455.84													1835.46 fee schedule	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Consumer	Consumer	593.33							95						1835.46 percent of total billed charges	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 UHC	Medicare	190.02													1835.46 other	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Horizon	Medicare	538.59													1835.46 other	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 United	Commercial/PPD	1835.46													1835.46 case rate	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Multplan	Multplan	499.39							80						1835.46 percent of total billed charges	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 United	Medicare	518.54													1835.46 other	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Horizon	Medicare Blue	278.34													1835.46 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Wellcare	Medicare	190.02							30.44						1835.46 percent of total billed charges	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	2182.54 Managed Care Inc	Managed Care Inc	611.62													1835.46 percent of total billed charges	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Horizon	PPD	538.59													1835.46 other	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Questare	Questare	468.18							75						1835.46 percent of total billed charges	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Wellpoint	WellPoint	418.76							31.04						1835.46 percent of total billed charges	
HC CL LT POST HP ARTHROPLASTY W/ ANES	27265	OPT	62424	320.09 Three Rivers	Three Rivers	593.33													1835.46 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Americare	Americare	4306.95							95						1835.46 percent of total billed charges	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Consumer	Consumer	4454.47													1835.46 other	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Aetna	Medicare	1856.99													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Aetna	Commercial	3006.01													505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Amerhealth	Medicare	4426.69													505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Corrections	Corrections	4548.08							80						505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Aetna	Better Health	1540.05													505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 UHC	Medicare	1856.99													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Amerhealth	HMO/PPD	500													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Horizon	Medicare	64.42													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 First Health	First Health	4019.82							70						505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Questare	Questare	4306.95							75						505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 First Tretton	First Tretton	4186.34													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Horizon	Intersity	3993.28													505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Multplan	Multplan	4504.08													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Wellpoint	WellPoint	1790.5							31.04		643.14				505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 UHC	Medicaid	1748.05													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Managed Care Inc	Managed Care Inc	5183.34							90						505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Horizon	MGD	1826.28													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Wellcare	Medicare	1856.99													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 United	Commercial/PPD	2987.79													505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Horizon	Medicare Blue	1856.99													505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Horizon	Three Rivers	545.47													505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Horizon	Three Rivers	593.33							95						505.00	
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 United	Oxford	2987.79													505.00	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC TREATMT HP DISLOCAT W/ ANES	27266	OPT	5742.6	2185.54 Wellcare	Medicaid	1748.05							30.44						505.00	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Amerhealth	HMO/PPD	300														5294.62 case rate	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Amerhealth	Americare	4179.96								75						5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Corrections	Corrections	4482.62								80						5294.62 other	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Amerhealth	Medicare	1800														5294.62 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 First Health	First Health	3901.3														5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Aetna	Commercial	3068.15														5294.62 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Aetna	Better Health	1608.51								30.44						5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	Medicare Blue	1800														5294.62 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	MGD	3637.8														5294.62 other	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Consumer	Consumer	5294.62								95						5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	Intersity	3637.8														5294.62 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 UHC	Medicare	1800														5294.62 other	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 UHC	Medicare	1800														5294.62 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	Medicare	1800														5294.62 other	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	Medicare	1800														5294.62 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Multplan	Medicare	1800														5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 First Tretton	First Tretton	4488.62								80						5294.62 other	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	Medicare	501.95														5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	Medicaid	1968.51								30.44						5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Wellcare	Medicare	1800														5294.62 other	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	PPD	3637.8														5294.62 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Horizon	NJ Health	1800														5294.62 case rate	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 United	Oxford	1871.51														5294.62 case rate	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Managed Care Inc	Managed Care Inc	5015.95								90						5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Questare	Questare	4179.96								75						5294.62 percent of total billed charges	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Three Rivers	Three Rivers	4628.62														5294.62 other	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 United	Commercial/PPD	1871.51														5294.62 case rate	
HC BIOPSY SOFT TISSUE THIGH/NECK AREA SUPERFICIAL	27323	OPT	2182.54 Wellpoint																	

University Hospital	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	category	code	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargediscounted_cash	payer_name	plan_name	standard_chargediscounted_rate	standard_chargediscounted_percentage	standard_chargediscounted_algorithm	estimated_amount	standard_charginum	additional_generic_notes						
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	COVIL	310119	true							879.37	320.09 Multijan	Multijan	703.5	80											
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Aetna	Better Health	267.68	30.44											
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Amerihealth	HMO/PPD	152												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Horizon	Medicare Blue	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Horizon	Indemnity	589.59												Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Horizon	UHC	267.68												Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 First Trenton	First Trenton	791.43												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	NJ Health	589.59												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Quakere	Quakere	699.53												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Consumer	Consumer	856.4												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Corvel	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 UHC	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Horizon	PPD	589.59												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 First Health	First Health	152.56												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Managed Care Inc	Managed Care Inc	791.43												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 Wellcare	Medicare	278.34												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37	320.09 United	Commercal/PPD	185.46												
HC CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	2025-09-17	21.0	CPT									879.37															















description	unit	last_updated_on	version	hospital_location	hospital_address_line_num1	to_the_best_of_our_knowledge_and_belief_the_hospital_has_included_all_applicable_standard_charge_information_in_accordance_with_the_requirements_of_45_CFR_160.50_and_the_information_encoded_is_true_accurate_and_complete_as_of_the_date_indicated	setting	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginin	standard_chargininms	standard_chargininphology	additional_generic_notes			
code1	code2	2025-09-17	2.0.0	hospital	1909 Bergen St	31019 true																			
code1	code2	type	type	code1	code2	code3																			
HC APPL SHORT ARM SPLINT DYNAM	29126	CPT	outpatient	432.48	172.01 United	Commercial/PPD							1835.46						90.7	1835.46	standard charge				
HC APPL SHORT ARM SPLINT DYNAM	29126	CPT	outpatient	432.48	172.01 United	Outair							1835.46						90.7	1835.46	case rate				
HC APPL SHORT ARM SPLINT DYNAM	29126	CPT	outpatient	432.48	172.01 Wellcare	Medicaid							131.65						30.44	1835.46	percent of total billed charges				
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 First Health	First Health							302.74						70	1835.46	percent of total billed charges				
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Multilan	Medicaid							46.58						80	1835.46	percent of total billed charges				
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Aetna	Medicare							149.57								1835.46	other			
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Horizon	Indemnity							289.42								46.98	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Aetna	Better Health							111.65						30.44	1835.46	percent of total billed charges				
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Amcare	America							34.1						75	1835.46	percent of total billed charges				
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Aetna	Commercial							341						24.02	46.98	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 First Trenton	First Trenton							399.23								90.7	1835.46	percent of total billed charges		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Horizon	Medicaid Blue							149.57								46.98	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Quakere	Quakere							334.36						75	46.98	1835.46	percent of total billed charges			
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Corrections	Corrections							349.58								90.7	1835.46	percent of total billed charges		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Horizon	PPD							289.42								46.98	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Amerhealth	HMO/PPD							125								46.98	1835.46	fee schedule		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Consumer	Consumer							419.86						95		46.98	1835.46	percent of total billed charges		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Amerhealth	Medicare							149.57								46.98	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Managed Care Inc	Managed Care Inc							389.23						90		46.98	1835.46	percent of total billed charges		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 United	Outair							349.58								46.98	1835.46	case rate		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Three Rivers	Three Rivers							410.86						95		46.98	1835.46	percent of total billed charges		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Horizon	Medicaid							289.42								46.98	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 UHC	Medicare							149.57								46.98	1835.46	other		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Wellcare	Medicaid							131.65						30.44		46.98	1835.46	percent of total billed charges		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 UHC	Medicaid							131.65								116.53	46.98	1835.46	percent of total billed charges	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Horizon	NJ Health							46.98								66.66	46.98	1835.46	fee schedule	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 Wellcare	Medicare							149.57								46.98	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 United	Commercial/PPD							185.46								46.98	1835.46	case rate		
HC FINGER SPLINT APPLICATION	29130	CPT	outpatient	432.48	172.01 WellPoint	WellPoint							134.24							31.04	46.98	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 UHC	Medicare							68.92								58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Aetna	Better Health							89.94						30.44		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 UHC	Medicaid							86.94								30.44	58.26	1835.46	percent of total billed charges	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Consumer	Consumer							217.32						95		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Aetna	Commercial							12.48								58.26	1835.46	other		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Aetna	Medicare							68.92								58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 First Trenton	First Trenton							257.04								58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Amerhealth	Medicare							68.92						90		58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Amercare	America							214.2						75		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 WellPoint	WellPoint							86.65						31.04		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 United	Commercial/PPD							185.46								58.26	1835.46	case rate		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Horizon	NJ Health							58.26								58.26	1835.46	fee schedule		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Multilan	Medicaid							228.43						80		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Amerhealth	HMO/PPD							125								58.26	1835.46	fee schedule		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Horizon	Indemnity							133.36								58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Corrections	Corrections							236.43								58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Quakere	Quakere							214.2						75		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 First Health	First Health							189.92								58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Horizon	PPD							133.36								58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 United	Outair							185.46								58.26	1835.46	case rate		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Three Rivers	Three Rivers							217.32						95		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Horizon	MGD							133.36								58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Managed Care Inc	Managed Care Inc							257.04						90		58.26	1835.46	percent of total billed charges		
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Horizon	Medicaid Blue							68.92								58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Wellcare	Medicare							68.92								58.26	1835.46	other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient	285.6	79.26 Wellcare	Medicaid							86.94						30.44		58.26	1835.46	percent of total billed charges		
HC STRAPPING ELBOW OR WRIST	29260	CPT	outpatient	285.6	79.26 First Health	First Health							124.23								59.01	1835.46	percent of total billed charges		
HC STRAPPING ELBOW OR WRIST	29260	CPT	outpatient	217.75	79.26 Aetna	Medicare							67.07								30.8	59.01	1835.46	percent of total billed charges	
HC STRAPPING ELBOW OR WRIST	29260	CPT	outpatient	217.75	79.26 UHC	Medicare							68.92								30.44	59.01	1835.46	percent of total billed charges	
HC STRAPPING ELBOW OR WRIST	29260	CPT	outpatient	217.75	79.26 Aetna	Better Health							66.29								30.44	59.01	1835.46	percent of total billed charges	
HC STRAPPING ELBOW OR WRIST	29260	CPT	outpatient	217.																					

















unit_name	last_updated_on	version	hospital_location_address_line_num10	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit_type	2025-01-17	21.0	3/19/19	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegroup	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginum	standard_chargemsgs	standard_chargemsgtechnology	additional_generic_notes
description	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 United	Commercial/PPD							423.33										11770.44 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Corrections	Corrections							423.33										11770.44 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Three Rivers	Three Rivers							423.33										11770.44 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 AmerHealth	HMO/PPD							423.33										11770.44 fee schedule	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 United	Commercial/PPD							423.33										11770.44 case rate	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Wellcare	Medicaid							423.33										11770.44 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Wellcare	Medicaid							423.33										11770.44 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 First Trenton	First Trenton							423.33										11770.44 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 First Health	First Health							423.33										11770.44 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 WellPant	WellPant							423.33										11770.44 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Horizon	NJ Health							423.33										11770.44 fee schedule	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Horizon	PPD							423.33										11770.44 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Managed Care Inc	Managed Care Inc							423.33										11770.44 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 United	Commercial/PPD							423.33										11770.44 case rate	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	123894	49175 Horizon	MED							423.33										11770.44 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 AmerHealth	HMO/PPD							650										12842.12 fee schedule	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 AmerHealth	Medicaid							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Muljian	American							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Wellcare	Medicaid							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Aetna	WellPant							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Aetna	Commercial							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Aetna	Medicare							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 LHC	Medicaid							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Health	First Health							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Aetna	Medicare							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 LHC	Medicaid							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Health	First Health							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Consumer	Consumer							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Quakere	Quakere							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 United	Commercial/PPD							650										12842.12 case rate	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Horizon	PPD							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 American	American							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Corrections	Corrections							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Trenton	First Trenton							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 United	PPD							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Three Rivers	Three Rivers							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Wellcare	Medicaid							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Wellcare	Medicaid							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Trenton	First Trenton							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Health	First Health							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 WellPant	WellPant							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Horizon	NJ Health							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Horizon	PPD							650										12842.12 case rate	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Managed Care Inc	Managed Care Inc							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 United	Commercial/PPD							650										12842.12 case rate	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Horizon	PPD							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 American	American							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Corrections	Corrections							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Trenton	First Trenton							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 United	PPD							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Three Rivers	Three Rivers							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Wellcare	Medicaid							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Wellcare	Medicaid							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Trenton	First Trenton							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Health	First Health							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 WellPant	WellPant							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Horizon	NJ Health							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Horizon	PPD							650										12842.12 case rate	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Managed Care Inc	Managed Care Inc							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 United	Commercial/PPD							650										12842.12 case rate	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Horizon	PPD							650										12842.12 other	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 American	American							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 Corrections	Corrections							650										12842.12 percent of total billed charges	
HC BRONCH WTRNS. BRONCH LUNG B	31628	CPT	1315.92	49175 First Trenton	First Trenton							650											



hospital_name	last_updated_on_version	hospital_location_hipaa_address_line_num10	best_of_knowledge_and_belief	the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50,	and_the_information_encoded_is_true,	accurate,	and_complete_as_of_the_date_indicated	description	unit	status	charge_type	standard_charges	standard_charges_included	payer_name	plan_name	standard_charges_included_dollar	standard_charges_included_percentage	standard_charges_included_algorithm	estimated_amount	standard_charges_in	standard_charges_in	standard_charges_in	standard_charges_in	additional_generic_notes
University Hospital	2025-09-17	21.0																						
321019 true	code1	code2	code3	code4	code5	code6	code7	code8	code9	code10	code11	code12	code13	code14	code15	code16	code17	code18	code19	code20	code21	code22	code23	code24
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	HMO/PRO	3276.55	65																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	LHC	Medicaid	1534.43	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Indemnity	Horizon	1534.43	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Multplan	Multplan	4032.67	80																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Condicions	Condicions	4032.67	80																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	United	Commercia/PP	185.46																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Horizon	PP0	1502.63	38.28																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Wellcare	Medicaid	1534.43	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Horizon	MGD	1929.63	38.28																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	United	Oxford	185.46																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Three Rivers	Three Rivers																		
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	First Trenton	First Trenton	4536.76	90																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Qualcare	Qualcare	3700.63	75																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Horizon	Medicaid	1534.43	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Horizon	Medicaid	1534.43	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Horizon	NJ Health	1190.16																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	Managed Care Inc	Managed Care Inc	4536.76	90																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	First Trenton	First Trenton	2175.34	44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Condicions	Condicions	1933.63																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Aetna	Medicare	784.45	30.8																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 LHC	Medicare	1880																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Horizon	MGD	3637.8																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Aetna	Better Health	735.75	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Amerihealth	HMO/PRO	550																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Aetna	Commercial	3006.16																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Horizon	PP0	3637.8																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Wellcare	Medicare	1880																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 LHC	Medicaid	787.75	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Amerihealth	Amerihealth	4536.76																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Managed Care Inc	Managed Care Inc	2175.34	44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Consumer	Consumer	2298.19																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Amerihealth	Medicare	1880																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Multplan	Multplan	1933.63	85																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 United	Commercia/PP	292.79																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 WellPart	WellPart	192.25																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 First Health	First Health	1691.93	31.04																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Qualcare	Qualcare	1612.76	75																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Indemnity	Indemnity	437.8																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Horizon	NJ Health	76.73																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Horizon	Medicare Blue	1880																	
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Three Rivers	Three Rivers	2298.19	95																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 Wellcare	Medicaid	787.75	30.44																
HC THORACOSTOMY	32160	CPT	outpatient	5004.84	2162 United	Oxford	735.75																	
HC THORACOSTOMY	32160	CPT	both	5733.42	2162 Amerihealth	HMO/PRO	3726.72	65																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Aetna	Commercial	3006.16																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 First Health	First Health	1411.04																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Amerihealth	Medicare	1880																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Aetna	Better Health	1746.25	30.44																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Consumer	Consumer	5446.75	95																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Horizon	MGD	3837.8																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Horizon	Medicare Blue	1880																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Qualcare	Qualcare	4303.07	75																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Amerihealth	Amerihealth	3637.8																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 LHC	Medicare	1880																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Aetna	Medicare	1880																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Condicions	Condicions	4584.74	80																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 United	Oxford	2967.79																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Horizon	Indemnity	3637.8																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 United	Commercia/PP	292.79																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 First Trenton	First Trenton	1560.08	90																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Multplan	Multplan	4584.74	80																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Horizon	NJ Health	1411.04																	
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 WellPart	WellPart	1779.65	31.04																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 Managed Care Inc	Managed Care Inc	5160.08	90																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42	2162 LHC	Medicaid	787.75	30.44																
HC IR CORE NODE BIOPSY OF LUNG/ME	32408	CPT	both	5733.42																				

University Hospital	last_updated_on	version	hospital_location	address_line	purpose	status	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenote	standard_chargedtoaccount	cash	payer_name	plan	name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginin	standard_chargemin	standard_chargemethodology	additional_generic_notes
University Hospital	2025-10-17	2.0.0	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001	ca001
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Consumer	824.99 Consumer	2461.26	Consumer			95			2461.26	Consumer	550	2461.26	percent of total billed charges		550	2461.26	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Horizon	MCD	1388.13	Horizon			80			1388.13	Horizon	550	1388.13	percent of total billed charges		550	1388.13	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Multplan	Multplan	2027.64	Multplan			75			2027.64	Multplan	550	2027.64	percent of total billed charges		550	2027.64	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Americare	Americare	1943.17	Americare			80			1943.17	Americare	550	1943.17	percent of total billed charges		550	1943.17	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 First Health	First Health	1516.56	First Health			75			1516.56	First Health	550	1516.56	percent of total billed charges		550	1516.56	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Horizon	PPG	1388.13	Horizon			90			1388.13	Horizon	550	1388.13	percent of total billed charges		550	1388.13	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Managed Care Inc	Managed Care Inc	2312.172	Managed Care Inc			70			2312.172	Managed Care Inc	550	2312.172	percent of total billed charges		550	2312.172	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Amerihealth	Amerihealth	560	Amerihealth			95			560	Amerihealth	550	560	percent of total billed charges		550	560	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Corrections	Corrections	2027.64	Corrections			80			2027.64	Corrections	550	2027.64	percent of total billed charges		550	2027.64	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 WellPoint	WellPoint	804.18	WellPoint			31.04			804.18	WellPoint	550	804.18	percent of total billed charges		550	804.18	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Quakecare	Quakecare	948.17	Quakecare			75			948.17	Quakecare	550	948.17	percent of total billed charges		550	948.17	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Horizon	Indemnity	1388.13	Horizon			95			1388.13	Horizon	550	1388.13	percent of total billed charges		550	1388.13	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Three Rivers	Three Rivers	2461.26	Three Rivers			75			2461.26	Three Rivers	550	2461.26	percent of total billed charges		550	2461.26	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 United	Commercial/PPG	1711.51	United			90			1711.51	United	550	1711.51	percent of total billed charges		550	1711.51	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Wellcare	Medicare	717.38	Wellcare			550			717.38	Wellcare	550	717.38	percent of total billed charges		550	717.38	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Horizon	Medicare Blue	717.38	Horizon			550			717.38	Horizon	550	717.38	percent of total billed charges		550	717.38	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 UHC	Medicaid	717.38	UHC			550			717.38	UHC	550	717.38	percent of total billed charges		550	717.38	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 UHC	Medicaid	788.64	UHC			30.44			788.64	UHC	550	788.64	percent of total billed charges		550	788.64	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Horizon	NJ Health	589.81	Horizon			30.44			589.81	Horizon	550	589.81	percent of total billed charges		550	589.81	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 Wellcare	Medicare	589.81	Wellcare			30.44			589.81	Wellcare	550	589.81	percent of total billed charges		550	589.81	other		
HC THORACICENT NDCALCAT ASP OF	32555	CPT	both	824.99 United	Oxford	187.151	United			80			187.151	United	550	187.151	percent of total billed charges		550	187.151	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Corrections	Corrections	498.478	Corrections			80			498.478	Corrections	550	498.478	percent of total billed charges		550	498.478	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 UHC	UHC	1885.28	UHC			30.44			1885.28	UHC	550	1885.28	percent of total billed charges		550	1885.28	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 First Health	First Health	4332.41	First Health			75			4332.41	First Health	550	4332.41	percent of total billed charges		550	4332.41	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Aetna	Commercial	5883.77	Aetna			90			5883.77	Aetna	550	5883.77	percent of total billed charges		550	5883.77	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Consumer	Consumer	5883.77	Consumer			75			5883.77	Consumer	550	5883.77	percent of total billed charges		550	5883.77	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Amerihealth	Medicare	2201.12	Amerihealth			30.44			2201.12	Amerihealth	550	2201.12	percent of total billed charges		550	2201.12	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Aetna	Better Health	1885.28	Aetna			30.44			1885.28	Aetna	550	1885.28	percent of total billed charges		550	1885.28	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Aetna	Medicare	2201.12	Aetna			550			2201.12	Aetna	550	2201.12	percent of total billed charges		550	2201.12	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Horizon	PPG	4299.17	Horizon			550			4299.17	Horizon	550	4299.17	percent of total billed charges		550	4299.17	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 United	Commercial/PPG	589.81	United			30.44			589.81	United	550	589.81	percent of total billed charges		550	589.81	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Multplan	Multplan	4584.75	Multplan			80			4584.75	Multplan	550	4584.75	percent of total billed charges		550	4584.75	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Amerihealth	Amerihealth	4665.08	Amerihealth			80			4665.08	Amerihealth	550	4665.08	percent of total billed charges		550	4665.08	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Horizon	NJ Health	589.81	Horizon			550			589.81	Horizon	550	589.81	percent of total billed charges		550	589.81	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 First Trenton	First Trenton	5274.1	First Trenton			70			5274.1	First Trenton	550	5274.1	percent of total billed charges		550	5274.1	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 UHC	UHC	2201.12	UHC			90			2201.12	UHC	550	2201.12	percent of total billed charges		550	2201.12	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Amerihealth	HMO/PPG	589.81	Amerihealth			550			589.81	Amerihealth	550	589.81	percent of total billed charges		550	589.81	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Quakecare	Quakecare	4665.08	Quakecare			75			4665.08	Quakecare	550	4665.08	percent of total billed charges		550	4665.08	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 United	Oxford	187.151	United			80			187.151	United	550	187.151	percent of total billed charges		550	187.151	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Three Rivers	Three Rivers	5883.77	Three Rivers			95			5883.77	Three Rivers	550	5883.77	percent of total billed charges		550	5883.77	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Horizon	MCD	4299.17	Horizon			30.44			4299.17	Horizon	550	4299.17	percent of total billed charges		550	4299.17	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Wellcare	Medicare	1885.28	Wellcare			30.44			1885.28	Wellcare	550	1885.28	percent of total billed charges		550	1885.28	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Horizon	Indemnity	4299.17	Horizon			550			4299.17	Horizon	550	4299.17	percent of total billed charges		550	4299.17	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Wellcare	Medicare	2201.12	Wellcare			550			2201.12	Wellcare	550	2201.12	percent of total billed charges		550	2201.12	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Horizon	Medicare Blue	2201.12	Horizon			550			2201.12	Horizon	550	2201.12	percent of total billed charges		550	2201.12	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 Managed Care Inc	Managed Care Inc	5274.1	Managed Care Inc			90			5274.1	Managed Care Inc	550	5274.1	percent of total billed charges		550	5274.1	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	251.29 WellPoint	WellPoint	1885.28	WellPoint			31.04			1885.28	WellPoint	550	1885.28	percent of total billed charges		550	1885.28	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Horizon	PPG	347.82	Horizon			95			347.82	Horizon	550	347.82	percent of total billed charges		550	347.82	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Aetna	Better Health	644.57	Aetna			30.44			644.57	Aetna	550	644.57	percent of total billed charges		550	644.57	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Horizon	Medicare Blue	1885.28	Horizon			70			1885.28	Horizon	550	1885.28	percent of total billed charges		550	1885.28	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Americare	Americare	1988.14	Americare			30.44			1988.14	Americare	550	1988.14	percent of total billed charges		550	1988.14	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 First Health	First Health	1482.26	First Health			70			1482.26	First Health	550	1482.26	percent of total billed charges		550	1482.26	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Amerihealth	HMO/PPG	560	Amerihealth			550			560	Amerihealth	550	560	percent of total billed charges		550	560	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Aetna	Commercial	2941.66	Aetna			550			2941.66	Aetna	550	2941.66	percent of total billed charges		550	2941.66	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Amerihealth	Medicare	1802.49	Amerihealth			550			1802.49	Amerihealth	550	1802.49	percent of total billed charges		550	1802.49	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 United	Center Health	1802.49	United			550			1802.49	United	550	1802.49	percent of total billed charges		550	1802.49	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Multplan	Multplan	1694.02	Multplan			550			1694.02	Multplan	550	1694.02	percent of total billed charges		550	1694.02	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 First Trenton	First Trenton	5883.77	First Trenton			80			5883.77	First Trenton	550	5883.77	percent of total billed charges		550	5883.77	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 WellPoint	WellPoint	67.28	WellPoint			31.04			67.28	WellPoint	550	67.28	percent of total billed charges		550	67.28	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Horizon	MCD	347.82	Horizon			550			347.82	Horizon	550	347.82	percent of total billed charges		550	347.82	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Aetna	Medicare	1802.49	Aetna			550			1802.49	Aetna	550	1802.49	percent of total billed charges		550	1802.49	other		
HC PLURAL DRAN PERC WITH INSERT OF NOVELL	6193.44	ncpatient	ncpatient	202.86 Consumer	Consumer	2011.64	Consumer			95			201										















description	unit	last_updated_on	version	hospital_location	address_line_one	city	state	zip	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenumber	standard_chargenumber_cashed	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginum	standard_charginum_max	standard_charginum_mechanism	additional_generic_notes	
UNIVERSITY HOSPITAL		2025-09-17	23.0	hospital_location	address_line_one	city	state	zip	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenumber	standard_chargenumber_cashed	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginum	standard_charginum_max	standard_charginum_mechanism	additional_generic_notes	
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Corrections	Corrections	1027.95	80		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Adena	Medicare	393.91	30.8		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	American	Adena	659.23	75		550	1213.82	other			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Horizon	Intersely	706.83	80		550	1213.82	other		Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Multisun	Medicaid	1027.95	80		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Horizon	PPD	706.83	80		550	1213.82	other		Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Horizon	Medicare Blue	362.11	30.8		550	1213.82	other			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	United	Commercial	399.76	75		550	1213.82	case rate			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Quakare	Quakare	9579.33	75		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Quakare	HMO/PPD	550	50		550	1213.82	fee schedule			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Consumer	Consumer	1213.82	95		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Horizon	NJ Health	892.82	80		550	1213.82	fee schedule			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Wellcare	Medicare	362.11	30.8		550	1213.82	other		Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Wellcare	Wellcare	1544.57	110.4		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Wellcare	Wellcare	3596.76	80		550	1213.82	case rate			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Managed Care Inc	Managed Care Inc	1166.2	90		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	First Health	First Health	899.71	70		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Three Rivers	Three Rivers	1213.82	95		550	1213.82	percent of total billed charges			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Horizon	MGD	706.83	80		550	1213.82	other		Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	LHC	Medicare	362.11	30.8		550	1213.82	other			
HC REP BLOOD VESSEL DIRECT H&D/FINER		35207	CPT						outpatient			1277.44	4199.93	Wellcare	Medicaid	387.93	30.44		550	1213.82	percent of total billed charges			
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Horizon	Medicaid	159.53	20.8		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Corrections	Corrections	563.29	80		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	American	American	528.08	75		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Consumer	Consumer	688	95		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	LHC	Medicaid	214.33	30.44		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	First Trienton	First Trienton	633	90		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Better Health	Better Health	214.33	30.44		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Aetna	Medicare	216.87	30.8		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	United	Commercial/PPD	1835.46	100		550	1835.46	case rate				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	WellCare	WellCare	219.56	30.44		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Aetna	Commercial	297.56	38		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	United	First Health	428.88	60		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	United	Outford	1035.46	75		550	1835.46	case rate				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Horizon	Intersely	289.53	38.28		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Horizon	Medicare Blue	211.23	30.44		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Aenehealth	HMO/PPD	672.67	95		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Wellcare	Medicaid	214.33	30.44		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	NJ Health	NJ Health	75.69	10		550	1835.46	fee schedule				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Multisun	Multisun	563.29	80		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Horizon	PPD	289.53	38.28		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Quakare	Quakare	1035.08	75		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Managed Care Inc	Managed Care Inc	633	90		550	1835.46	percent of total billed charges				
HC INTRODUCTION NEEDLE INTRACATHETER VEN		30000	CPT						outpatient			704.11	Three Rivers	Three Rivers	68.9	95		550	1835.46	percent of total billed charges				
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			824.99	Aetna	Medicare	171.38	20.8		550	2864.36	percent of total billed charges			Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Aenehealth	HMO/PPD	125	125		550	2864.36	fee schedule			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Aenehealth	Medicare	771.38	90		550	2864.36	percent of total billed charges			Payor-specific negotiated charge calculated as a percent of the Medicare value
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	First Trienton	First Trienton	1631.61	80		550	2864.36	percent of total billed charges			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Corrections	Corrections	2412.1	80		550	2864.36	percent of total billed charges			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Aetna	Better Health	1173.2	30.44		550	2864.36	percent of total billed charges			Payor-specific negotiated charge calculated as a percent of the Medicare value
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Commercial	Commercial	1170.75	125		550	2864.36	percent of total billed charges			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	LHC	Medicare	717.38	75		550	2864.36	other		Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Horizon	MGD	1083.83	125		550	2864.36	percent of total billed charges			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	First Health	First Health	2110.58	70		550	2864.36	percent of total billed charges			Payor-specific negotiated charge calculated as a percent of the Medicare value
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Consumer	Consumer	2864.36	95		550	2864.36	percent of total billed charges			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Managed Care Inc	Managed Care Inc	2718.61	90		550	2864.36	percent of total billed charges			Payor-specific negotiated charge calculated as a percent of the Medicare value
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	Horizon	PPD	1388.13	125		550	2864.36	other			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	United	Outford	1871.51	125		550	2864.36	case rate			
HC PSEUDOEPINEPHRINE INJECTION TRT		30002	CPT						both			3015.12	824.99	American	American	2281.34	75		550	2864.36	percent of total billed charges			

























University Hospital	last_updated_on	2025-09-17	20.0	hospital_location_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	drug_name	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargingnegligated_dollar	standard_chargingnegligated_percentage	standard_chargingnegligated_algorithm	estimated_amount	standard_charginin	standard_chargemix	standard_charginemethodology	additional_generic_notes			
code/line	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type			
HC ANGIO DALYSIS CIRC W PERC MEC	38904	CPT	both	2125.38	7807.93	Horizon	Medicare Blue	6615.59										800	2073.61	other				
HC ANGIO DALYSIS CIRC W PERC MEC	38904	CPT	both	2125.38	7807.93	Horizon	NI Health	2423.39										800	2073.61	fee schedule				
HC ANGIO DALYSIS CIRC W PERC MEC	38904	CPT	both	2125.38	7807.93	Managed Care Inc	Managed Care Inc	1911.84										800	2073.61	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PERC MEC	38904	CPT	both	2125.38	7807.93	Three Rivers	Three Rivers	20171.61										90	800	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	First Health	First Health	2823.33										90	800	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	First Health	First Health	3000.84										1200	4076.71	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	America	America	3216.61										70	1200	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Cometech	Cometech	3432.38										80	1200	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Aetna	Better Health	1217.97										30.8	1200	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Aetna	Better Health	1306.47										30.44	1200	percent of total billed charges				
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Aetna	Commercial	2141.48											1200	4076.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Horizon	MCO	2542.07											1200	4076.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Horizon	PPD	2542.07											1200	4076.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Horizon	Idemity	2542.07											1200	4076.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Amerhealth	HMO/PPD	1200											1200	4076.71	fee schedule			
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Consumer	Medicare	4078.71											95	1200	4076.71	percent of total billed charges		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	LHC	Medicaid	1305.47											30.44	1200	4076.71	percent of total billed charges		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Horizon	Medicare Blue	1318.69												1200	4076.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Amerhealth	Medicare	1318.69											1200	4076.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Horizon	NI Health	91.01												1200	4076.71	fee schedule		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Managed Care Inc	Managed Care Inc	3662.93											80	1200	4076.71	percent of total billed charges		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Multiflan	Multiflan	3432.38											80	1200	4076.71	percent of total billed charges		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	LHC	Medicare	1318.69												1200	4076.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Three Rivers	Three Rivers	4078.71											95	1200	4076.71	percent of total billed charges		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Wellcare	Medicare	1318.69											75	1200	4076.71	percent of total billed charges		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Quaker	Quaker	3218.61												1200	4076.71	percent of total billed charges		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	United	Commercia/PPD	6918.29												1200	4076.71	case rate		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	United	Commercia/PPD	6918.29												1200	4076.71	case rate		
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	WellPart	WellPart	1330.96												10.04	1200	4076.71	percent of total billed charges	
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	Wellcare	Medicaid	1305.47												30.44	1200	4076.71	percent of total billed charges	
HC ANGIO DALYSIS CIRC W PTA PERIPHERAL	38905	CPT	both	42915.48	1512.49	First Trienton	First Trienton	4078.71											90	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Aetna	Commercial	34003.8												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Aetna	Commercial	2083.54												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Amerhealth	Medicare	2083.54												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	America	America	4876.35											75	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Cometech	Cometech	5203.77											80	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Corrections	Corrections	1980.73											30.44	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Aetna	Better Health	1980.73												30.44	1400	61796.04	percent of total billed charges	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Consumer	Consumer	6176.04											95	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Horizon	NI Health	542.2												95	1400	61796.04	fee schedule	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Multiflan	Multiflan	5203.77											80	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Horizon	MDJ	4031.77												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	First Health	First Health	4553.92											70	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Amerhealth	HMO/PPD	1400												1400	61796.04	fee schedule		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Wellcare	Medicare	2083.54												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Horizon	PPD	4031.77												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Horizon	Medicare Blue	2083.54												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Managed Care Inc	Managed Care Inc	354.95											90	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Quaker	Quaker	4078.35													1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	LHC	Medicare	2083.54												1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Wellcare	Medicaid	1980.73											30.44	1400	61796.04	percent of total billed charges		
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Horizon	Idemity	4031.77													1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	United	Oxford	6749.59													1400	61796.04	case rate	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	Three Rivers	Three Rivers	6749.59													1400	61796.04	percent of total billed charges	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	WellPart	WellPart	20191.04												10.04	1400	61796.04	percent of total billed charges	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	LHC	Medicaid	1980.73												30.44	1400	61796.04	percent of total billed charges	
HC ANGIO DALYSIS CIRC W TRANSCAT	38906	CPT	both	65048.46	23960.87	United	Commercia/PPD	6189.59													1400	61796.04	case rate	
HC ANGIO DALYSIS CIRC W PTA CEN	38907	CPT	outpatient	10020.24	23960.87	Multiflan	Multiflan	848.19												80	800	10089.23	percent of total billed charges	
HC ANGIO DALYSIS CIRC W PTA CEN	38907	CPT	outpatient	10020.24	23960.87	Amerhealth	HMO/PPD																	



description	unit	code/1type	2025-07-17	20.0	last_updated_on	hospital_location	hospital_address_line_num10	best_of_knowledge_and_belief	the_hospital_has_included_applicable_standard_charge_information_in	accordance_with_the_requirements_of_45_CFR_180.50	and_the_information_encoded_is_true	accurate_and_complete_as_of_the_data_entry_date	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/encounter	cash	payer_name	plan_name	standard_charged/negotiated	dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_chargin	standard_chargemins	standard_chargemethodology	additional_generic_notes							
HC INSERTION OF IVC FILTER		37191	CPT	both	1626896	7213.19	Horizon		Medicare						234.98			NJ Health						550											
HC INSERTION OF IVC FILTER		37191	CPT	both	1626896	7213.19	Horizon		Medicare						234.98			PPG							550										
HC INSERTION OF IVC FILTER		37191	CPT	both	1626896	7213.19	Managed Care		Managed Care Inc						1460.00								90						Payee-specific negotiated charge calculated as a percent of the Medicare value						
HC INSERTION OF IVC FILTER		37191	CPT	both	1626896	7213.19	United		Commercial/PPG						484.00										550										
HC INSERTION OF IVC FILTER		37191	CPT	both	1626896	7213.19	Wellpoint		Wellpoint						505.00										550										
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Horizon		Medicare Blue						3652.11								31.04							Payee-specific negotiated charge calculated as a percent of the Medicare value					
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	First Health		First Health						7776.17									70											
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Corrections		Corrections						897.70										80										
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Americare		Americare						8331.62										550										
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Aetna		Medicare						3431.52										30.8										
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Aetna		Wellpoint						3131.52										30.44										
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	First Trenton		First Trenton						9997.94										550										
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Horizon		Medicare						3652.11																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Horizon		MDG						7066.83																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Multiplan		Multiplan						887.00										80										
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Anerhealth		HMO/PPG						800																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Consumer		Consumer						10553.38																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Horizon		PPG						7066.83																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Quaker		Quaker						8331.62																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Horizon		NJ Health						159.69																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	United		Consumer						596.76																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	LHC		Medicare						3652.11																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Wellcare		Medicare						3652.11																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Horizon		Indemnity						7066.83																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	First Trenton		Wellpoint						9997.94																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	LHC		Medicare						3381.52																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Wellpoint		Wellpoint						3448.18																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Managed Care Inc		Managed Care Inc						9997.94																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	LHC		Medicare						3381.52																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	Wellpoint		Wellpoint						10553.38																				
HC REPAIRING INTRAVAS VC FLTR WWO ACS VSL SELVN RSM		37192	CPT	outpatient	11198.82	4199.93	United		Commercial/PPG						3596.76																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Aetna		Better Health						3025.9																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Multiplan		Multiplan						9206.0																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	First Trenton		First Trenton						3048.41																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Horizon		Medicare Blue						3652.11																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Horizon		Medicare						3652.11																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Anerhealth		HMO/PPG						800																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Americare		Americare						8697.34																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Aetna		Consumer						596.76																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Wellpoint		Wellpoint						3596.4																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Quaker		Quaker						8697.34																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Managed Care Inc		Managed Care Inc						10424.41																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Horizon		MDG						7066.83																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	First Health		First Health						8108.18																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Corrections		Corrections						2096.5																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Horizon		Indemnity						7066.83																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Anerhealth		Medicare						3652.11																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	LHC		Medicare						3652.11																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Wellcare		Medicare						3652.11																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Three Rivers		Three Rivers						11003.96																				
HC RETRIEVAL/REMOVAL OF IVC FITE		37193	CPT	both	15833.12	4199.93	Hor																												



hospital_location	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetms	standard_charginetms	additional_generic_notes
University Hospital	2025-09-17	21.0	31019 true		drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetms	standard_charginetms	
HC LLIC REVAS	37220	CPT	0203.28				2036.28		United	Optara	4843.08								
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	Muliphan	1628.62	80							
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	Muliphan	1628.62	30.44							
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	NJ Health	3695.13								
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	Quaque	15272.46								
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	WellPant	630.76								
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	LHC	6198.58								
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	Managed Care Inc	18326.95								
HC LLIC REVAS	37220	CPT	2036.28				2036.28		7807.93	Three Rivers	19345.12								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Aetna	6198.58								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	LHC	6198.58								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Aetna	21474.98								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	26462.07								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Amerihealth	1135.69								Payee-specific negotiated charge calculated as a percent of the Medicare value
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Amerihealth	1600								Payee-specific negotiated charge calculated as a percent of the Medicare value
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Consumer	19345.12	95							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	First Trenton	1338.96	90							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	LHC	1358.69								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	6018.29								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Aetna	1318.69								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	WellPant	630.76								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Corrections	6208.62								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	First Health	14243.3	70							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	NJ Health	547.58								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	26462.07								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	1358.69								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	6918.29								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Amerihealth	15272.46	75							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Managed Care Inc	18326.95	90							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Wellcare	6198.58								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Wellcare	6198.58	30.44							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	6198.58								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	26462.07								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Three Rivers	19345.12	95							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Quaque	15272.46	75							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Corrections	1687.488	90							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Amerihealth	1628.62	75							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	First Health	14765.52	70							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	WellPant	6507.45	31.04							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Aetna	6420.89	30.44							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Aetna	8015.57	38							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	LHC	6198.58	30.44							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	4843.08								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	8074.63	38.28							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Amerihealth	1600								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	8074.63	38.28							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Aetna	6498.83	30.8							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Consumer	2008.92	95							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	4843.08								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	8074.63	38.28							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	6498.83	30.8							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Consumer	2008.92	95							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	4843.08								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	8074.63	38.28							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	6498.83	30.8							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Consumer	2008.92	95							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	4843.08								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	8074.63	38.28							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	6498.83	30.8							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Consumer	2008.92	95							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	4843.08								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	8074.63	38.28							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	6498.83	30.8							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Consumer	2008.92	95							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	United	4843.08								
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY	37221	CPT	2036.28				2036.28		1512.49	Horizon	8074.63	38.28							
HC LLIC REVAS WSTENT UNLAT. 1ST VESSEL OPN/PERO INCL ANGIOPLSTY																			





hospital_name	last_updated_on	version	hospital_location_address_line_1	best_of_knowledge_and_belief	hospital_included_applicable_standard_charge_information_in_accordance_with_requirements_of_45_CFR_180.50	and_information_encoded_is_true_accurate_and_complete_as_of_the_date_indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenumber	standard_chargenumber_cashed	payer_name	plan_name	standard_chargingnegligated_dollar	standard_chargingnegligated_percentage	standard_chargingnegligated_algorithm	estimated_amount	standard_charginum	standard_charginum	standard_charginum	standard_charginum	standard_charginum	additional_generic_notes
University Hospital	2025-09-17	2.0.0	590119 true																			
codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 First Trenton	First Trenton	Medicare	4034.9			90				370.44									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Medicare	Medicare	1350.69				30.44				370.44									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Medicare	Medicare	1318.69				30.44				4259.06									Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Quaker	Quaker	33362.42				75				370.44									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Corrections	Corrections	35248.58				65				4259.06									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 UHC	Medicare	1350.69				30.44				4259.06									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Three Rivers	Three Rivers	42293.96				95				370.44									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Horizon	Horizon	25463.07				30.44				4259.06									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 United	United	6018.29				30.44				4259.06									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Horizon	NJ Health	370.44				90				4259.06									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 Managed Care Inc	Managed Care Inc	4034.9				30.44				4259.06									
HC ANGIO-TMS CATH PLACE FIRST VEN	446832	CPT	1512:49 United	Commonwealth	6018.29				30.44				4259.06									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Medicare	6627.21				30.8				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Medicare	6627.21				30.44				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				38				172.21									
HC ANGIO-TMS CATH PLACE EACH AD	216159	ncpt	Aetna	Commercial	1876.42				75				172.21									





description	unit	last_updated_on	version	hospital_location	hospital_address_line_one	hospital_address_line_two	best_of_knowledge_and_belief	the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50_and_the_information_encoded_is_true,_accurate,_and_complete_as_of_the_date_indicated	3/19/19 true	charge_type	charge_rate	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/collected_cash	payer_name	plan_name	standard_charged/negotiated_dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_charginin	standard_charginms	standard_charginphology	additional_generic_notes
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Aetna	Consumer	3068.18	55					186.98	5294.02 other	
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 United	Consumer	3068.18	55					186.98	5294.02 percent of total billed charges	
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Horizon	Medicare	1689.51	30.44		668.21				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 United	Medicare	1880							186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Horizon	Medicare	3537.8							186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 United	WellPant	1729.95			31.04				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 United	CommerciaPPO	2907.79							186.98	5294.02 case rate
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 First Health	Medicare	3093.3							186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 American	American	4179.96			75				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Corrections	Corrections	4483.62			80				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Horizon	Medicare	1880							186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Multilan	Multilan	4458.62			80				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Three Rivers	Three Rivers	5294.62			85				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 First Trenton	First Trenton	5294.95			80				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Wellcare	Medicaid	1686.51			30.44				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Horizon	PPO	3637.8							186.98	5294.02 other
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Wellcare	Medicare	1880							186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 Managed Care Inc	Managed Care Inc	5015.95			90				186.98	5294.02 percent of total billed charges
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 LHC	Medicaid	1880			908.62				186.98	5294.02 case rate
HC BIOPSY LYMPHNODE/SUPERFIC CT		2025-09-17	21.0							both				5573.28	2162 United	Outford	2907.79							186.98	5294.02 case rate
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Aetna	Commercial	544.19			38				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Corrections	Corrections	1456.68			80				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Aetna	Medicare	441.08			38				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	First Health	First Health	1002.46			75				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Multilan	Multilan	1556.68			80				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	American	American	1074.08			75				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	First Trenton	First Trenton	1288.87			90				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Aetna	WellPant	353.93			30.44				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Amerihealth	HMO/PP0	950							130.44	1835.46 fee schedule
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Consumer	Consumer	1300.48			95				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	WellPant	WellPant	444.52			31.04				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Quakere	Quakere	1074.08			75				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Horizon	MED	582			38.28				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	NJ Health	NJ Health	33.44			30.44				130.44	1835.46 fee schedule
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	LHC	Medicaid	435.93			30.44				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Horizon	Indemnity	582			38.28				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	United	CommerciaPPO	1835.46							130.44	1835.46 case rate
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Horizon	PPO	582			38.28				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	United	Outford	1835.46							130.44	1835.46 case rate
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Horizon	Medicare Blue	429.62			30				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Wellcare	Medicaid	435.93			30.44				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Managed Care Inc	Managed Care Inc	1185.87			90				130.44	1835.46 percent of total billed charges
HC INJ PROCEDURE FOR LYMPHATIC		2025-09-17	21.0							inpatient				1432.08	Three Rivers	Three Rivers	1360.48							130.44	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Aetna	Medicare	918			30.8				306	1835.46 fee schedule
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Amerihealth	HMO/PP0	950							306	1835.46 fee schedule
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	First Trenton	First Trenton	918			90				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Consumer	Consumer	918			90				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Aetna	WellPant	330.48			30.44				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Aetna	Commercial	387.6			38				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	American	American	795			75				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	First Health	First Health	714			70				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Multilan	Multilan	816			80				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Horizon	NJ Health	302.48			38.28				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Corrections	Corrections	816			80				306	1835.46 fee schedule
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Horizon	MED	795			75				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Quakere	Quakere	816			80				306	1835.46 percent of total billed charges
HC MEDAST WEXPL DRG RIMA, FBXB THRC APPR		2025-09-17	21.0							both				1000	Horizon	PPO	302.46		</						











University Hospital		last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargescgs	standard_chargescgincash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginet	standard_chargenet	standard_chargenetpharmacy	additional_generic_notes
codeid	codeidtype	2025-09-17	21.0	codeid	codeidtype	3/1/19														
HC SACL0UTH0MY:INTRACRAL	OT	42330	CPT	42330	OT	10571.34	4237.45 United	Outford	10571.34	4237.45 United	Outford	7281.41	69.1		91.58	10046.62 other			10046.62 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC SACL0UTH0MY:INTRACRAL	OT	42330	CPT	42330	OT	10571.34	4237.45 Managed Care Inc	Managed Care Inc	10571.34	4237.45 United	PPG	7281.41	90		91.58	10046.62 other			10046.62 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC SACL0UTH0MY:INTRACRAL	OT	42330	CPT	42330	OT	10571.34	4237.45 United	Commonwealth	10571.34	4237.45 United	Commonwealth	7281.41	31.04		91.58	10046.62 other			10046.62 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Horizon	MGD	1443.3	393.87 Horizon	MGD	51.19			124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Aetna	Better Health	1443.3	393.87 Aetna	Better Health	439.34	30.44		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Horizon	PPG	1443.3	393.87 Horizon	PPG	51.19			124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Aetna	Commercial	1443.3	393.87 Aetna	Commercial	439.34			124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Amerihealth	Medicare	1443.3	393.87 Amerihealth	Medicare	269.45			124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Horizon	Medicare	1443.3	393.87 Horizon	Medicare	1154.64	80		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Amerihealth	HMO/PO	1443.3	393.87 Amerihealth	HMO/PO	300			124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Aetna	Medicare	1443.3	393.87 Aetna	Medicare	444.54	30.8		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 UHC	Medicare	1443.3	393.87 UHC	Medicare	493.94	34.4		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Amerihealth	America	1443.3	393.87 Amerihealth	America	1062.48	75		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Wellcare	Medicaid	1443.3	393.87 Wellcare	Medicaid	439.34	30.44		142.92	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Horizon	Indemnity	1443.3	393.87 Horizon	Indemnity	51.19			124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 First Health	First Health	1443.3	393.87 First Health	First Health	1010.31	70		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Consumer	Consumer	1443.3	393.87 Consumer	Consumer	1371.14	95		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Horizon	Medicare	1443.3	393.87 Horizon	Medicare	484.85	34.1		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Multplan	Multplan	1443.3	393.87 Multplan	Multplan	1144.64	80		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 UHC	Medicare	1443.3	393.87 UHC	Medicare	493.94	34.4		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 First Trenton	First Trenton	1443.3	393.87 First Trenton	First Trenton	1298.97	90		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Wellcare	Medicare	1443.3	393.87 Wellcare	Medicare	269.45			124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 United	Commonwealth	1443.3	393.87 United	Commonwealth	1054.64	80		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Horizon	NJ Health	1443.3	393.87 Horizon	NJ Health	124.91		129.72	124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Managed Care Inc	Managed Care Inc	1443.3	393.87 Managed Care Inc	Managed Care Inc	1288.97	90		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 United	Outford	1443.3	393.87 United	Outford	1288.97	90		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Quakecare	Quakecare	1443.3	393.87 Quakecare	Quakecare	1062.48	75		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 WellPlan	WellPlan	1443.3	393.87 WellPlan	WellPlan	448	31.04		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD ASC: PERTONSILLAR	OT	42700	CPT	42700	OT	1443.3	393.87 Three Rivers	Three Rivers	1443.3	393.87 Three Rivers	Three Rivers	1371.14	95		124.91	1835.46 other			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 First Trenton	First Trenton	5946.6	4237.45 First Trenton	First Trenton	531.94	90		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Aetna	Commercial	5946.6	4237.45 Aetna	Commercial	614.12	10.4		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Aetna	Better Health	5946.6	4237.45 Aetna	Better Health	193.15	3.4		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Horizon	PPG	5946.6	4237.45 Horizon	PPG	7281.41	12.4		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Amerihealth	Medicare	5946.6	4237.45 Amerihealth	Medicare	3763			102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Aetna	Medicare	5946.6	4237.45 Aetna	Medicare	181.55	3.08		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Consumer	Consumer	5946.6	4237.45 Consumer	Consumer	5648.27	95		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Amerihealth	HMO/PO	5946.6	4237.45 Amerihealth	HMO/PO	300			102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Managed Care Inc	Managed Care Inc	5946.6	4237.45 Managed Care Inc	Managed Care Inc	531.94	90		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Horizon	Indemnity	5946.6	4237.45 Horizon	Indemnity	7281.41	12.4		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Amerihealth	America	5946.6	4237.45 Amerihealth	America	4489.95	75		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 UHC	Medicaid	5946.6	4237.45 UHC	Medicaid	1810.15	30.44		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Multplan	Multplan	5946.6	4237.45 Multplan	Multplan	4797.28	80		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Horizon	Medicare	5946.6	4237.45 Horizon	Medicare	3763			102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Correctios	Correctios	5946.6	4237.45 Correctios	Correctios	4797.28	80		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 First Health	First Health	5946.6	4237.45 First Health	First Health	4162.62	70		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 UHC	Medicare	5946.6	4237.45 UHC	Medicare	3763			102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 United	Outford	5946.6	4237.45 United	Outford	2587.79	43.7		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Horizon	MCD	5946.6	4237.45 Horizon	MCD	7281.41	12.4		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Wellcare	Medicare	5946.6	4237.45 Wellcare	Medicare	181.55	3.08		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Quakecare	Quakecare	5946.6	4237.45 Quakecare	Quakecare	4489.95	75		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 WellPlan	WellPlan	5946.6	4237.45 WellPlan	WellPlan	1945.62	32.9		102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT ABSCESS INTRACRAL	OT	42720	CPT	42720	OT	5946.6	4237.45 Horizon	NJ Health	5946.6	4237.45 Horizon	NJ Health	102.64			102.64	7281.41 other			7281.41 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC IAD THROAT																				

University Hospital	2025-09-17	21.0	hospital_location_address_line_num10 to the best of its knowledge and belief. The hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	setting	unit	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetms	standard_charginetms	standard_charginetms	additional_generic_notes
description	code	type	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Wellcare	Medicare	6864.08												16456.56 other	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Horizon	PPO	1320.96												16456.56 other	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Wellcare	Medicare	6263.92							30.44					16456.56 percent of total billed charges	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Horizon	Consumer	16456.56							95					16456.56 percent of total billed charges	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Wellcare	Medicare	5268.87							31.04					16456.56 percent of total billed charges	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Horizon	Multiplan	1386.78							80					16456.56 percent of total billed charges	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Horizon	MCD	1320.96												16456.56 other	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	LHC	Medicaid	5263.92							30.44					16456.56 percent of total billed charges	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Horizon	NI Health	309.29												16456.56 fee schedule	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Quintara	Quintara	1301.86							75					16456.56 percent of total billed charges	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	Three Rivers	Wellcare	16456.56							95					16456.56 percent of total billed charges	
HC TONSILLECTOMY & ADENOIDECTOMY AGE 12	42820	OPT	42820	OPT	outpatient	7853.67	LHC	Medicare	6864.08												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	United	CommercialPPO	2668.29												16456.56 case rate	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Aetna	Medicare	2645												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Wellcare	Medicare	300												16456.56 fee schedule	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Horizon	HMOOPD	2668.29												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	LHC	Medicare	2645							80					16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Horizon	Consumer	477.28												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	First Trenton	First Trenton	761.94												16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	LHC	Medicaid	2571.71							30.44					16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Aetna	Commercial	429.74												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Aetna	Better Health	2571.71							30.44					16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Horizon	MCD	511.29												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Wellcare	Medicare	2645												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	American	American	634.95							75					16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Wellcare	Medicare	2645												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Horizon	PPO	521.29												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	United	CommercialPPO	1835.46												16456.56 case rate	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Multiplan	Medicare	677.28												16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Consumer	Consumer	844.27							95					16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Managed Care Inc	Managed Care Inc	761.94												16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	First Health	First Health	646.82												16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Quintara	Quintara	634.95												16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Wellcare	Wellcare	1835.46												16456.56 case rate	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Three Rivers	Three Rivers	429.74												16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	WellPant	WellPant	267.28												16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Horizon	Indemnity	521.29												16456.56 other	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Horizon	Medicare Blue	2645							30.44					16456.56 percent of total billed charges	
HC UNLSTDRY PHRYNA ADNS TNSLS	42999	OPT	42999	OPT	outpatient	7853.67	Wellcare	Medicaid	2571.71												16456.56 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	First Trenton	First Trenton	90												221.85 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Aetna	Better Health	900.21							30.44					3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Aetna	Commercial	1175.4												16456.56 case rate	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Amerihealth	Wellcare	900												3059.13 fee schedule	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Correctios	Correctios	2551.11							80					3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Amerihealth	Medicare	1067.87												16456.56 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Consumer	Consumer	1059.13												3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Three Rivers	Three Rivers	309.13							95					3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Horizon	Indemnity	2163.53												16456.56 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Horizon	Medicare	1057.87												3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Aetna	Medicare	1067.87												16456.56 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 First Health	First Health	225.4												3059.13 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 WellPant	WellPant	63.93							31.04					3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 LHC	Medicaid	960.21												3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Horizon	NI Health	101.85												16456.56 fee schedule	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 LHC	Medicare	1067.87												3059.13 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Horizon	PPO	2163.53												3059.13 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 United	CommercialPPO	2487.79												3059.13 case rate	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 American	American	2415.11							75					3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Wellcare	Medicaid	960.21							30.44					3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Managed Care Inc	Managed Care Inc	968.13							90					3059.13 percent of total billed charges	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 United	Outford	2987.29												3059.13 case rate	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Horizon	MCD	2163.53												16456.56 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT	both	3203.14	1251.05 Wellcare	Medicare	1067.87												16456.56 other	
HC ESOPHAGOSCOPY FLEXIBLE B	42300	OPT	42300	OPT																		



















hospital_name	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenpos	standard_chargediscnount	cash	payer_name	plan_name	standard_chargingnegated_dollar	standard_chargingnegated_percentage	standard_chargingnegated_algorithm	estimated_amount	standard_charginjnt	standard_charginjms	standard_charginjmschology	additional_generic_notes	
University Hospital	2025-09-17	2.0.0	190	Begun St																		
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Aetna	Commercial		3592.23														4254.7 other
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Aetna	Medicare		963.89							30.44							4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	MGD		429.17														4254.7 other
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	LHC	Medicaid		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Corrections	Corrections		2387.62														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	American	American		2228.39														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	First Health	First Health		2828.16														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	American	American		2211.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Consumer	Consumer		2829.29														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	American	HI/OPPO		550														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Multiplan	Multiplan		2387.62							80							4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	LHC	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	PPO		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Medicare Blue		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	LHC	Quicare		2228.39														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Intersity		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	First Trenton	First Trenton		2686.07														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	NJ Health		426.63														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Wekare	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	United	Commonwealth		2947.79														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Managed Care Inc	Managed Care Inc		2947.79														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Wekare	Medicaid		938.49														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	WellPoint	WellPoint		508.4														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Three Rivers	Three Rivers		2829.29														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	United	Orford		2567.79														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	First Health	First Health		1688.61														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	First Trenton	First Trenton		2328.32														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Aetna	Better Health		738.65														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Aetna	Commercial		3592.23														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Corrections	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	American	HI/OPPO		550														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Multiplan	Multiplan		2387.62														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Aetna	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	American	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Multiplan	Multiplan		194.26														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	NJ Health		399.33														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	American	American		1819.94														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Medicare Blue		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Intersity		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	United	Intersity		2947.79														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	MGD		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	LHC	Medicare		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Quicare	Quicare		1819.94														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Managed Care Inc	Managed Care Inc		2183.92														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Consumer	Consumer		2328.32														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Wekare	Medicaid		738.65														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	PPO		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Three Rivers	Three Rivers		2829.29														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Wekare	Medicaid		738.65														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Intersity		429.17														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Horizon	Medicare		2201.12														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	United	Commonwealth		2947.79														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Managed Care Inc	Managed Care Inc		2947.79														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Wekare	Medicaid		938.49														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	WellPoint	WellPoint		508.4														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Three Rivers	Three Rivers		2829.29														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	United	Orford		2567.79														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	First Health	First Health		1688.61														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	First Trenton	First Trenton		2328.32														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Aetna	Better Health		738.65														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984.52	2531.29	Aetna	Commercial		3592.23														4254.7 100 percent of total billed charges
HC SMALL BOWEL ENDOSCOPY WBIPSOY	4481	PT	2984																			





hospital_name	hospital_location	hospital_address_line_one	hospital_address_line_two	best_of_knowledge_and_belief	hospital_has_included_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50_and_the_information_encoded_is_true_accurate_and_complete_as_of_the_indicated_date	effective_date	code_type	code	unit	rating	standard_charges	standard_charges_includes_additional_generic_notes
University Hospital	1000 University Ave	1000 University Ave	1000 University Ave	1000 University Ave	1000 University Ave	2025-09-17	21.0	0000000000	0000000000	0000000000	0000000000	0000000000
description	code	unit	rating	standard_charges	standard_charges_includes_additional_generic_notes	effective_date	code_type	code	unit	rating	standard_charges	standard_charges_includes_additional_generic_notes
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Multijan	2489.62	80	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 UHC	Medicare	1077.88	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Aetna	Commercial	1077.88	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Aetna	Better Health	847.3	30.44	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Consumer	Medicare	2964.62	95	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Amerihealth	HMO/PO	300	123.98	2566.42 fee schedule	123.98	2566.42 fee schedule	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Managed Care Inc	Managed Care Inc	2900.82	90	123.98	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 First Health	First Health	2184.11	70	123.98	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Quakare	Quakare	2334.02	75	123.98	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Wellcare	Medicaid	847.3	30.44	123.98	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Amerihealth	Medicare	1077.88	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Corrections	Corrections	2489.62	80	123.98	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Three Rivers	Three Rivers	2964.62	95	123.98	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 United	Commercial/PO	151.51	1650.44	2566.42 case rate	123.98	2566.42 case rate	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Horizon	Indemnity	2047	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Horizon	MID	2047	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Wellcare	Medicare	1077.88	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Horizon	PPO	2047	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Horizon	Medicare Blue	1077.88	123.98	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 United	Oxford	151.51	495.14	2566.42 case rate	123.98	2566.42 case rate	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 Horizon	NI Health	123.98	1199.52	2566.42 other	123.98	2566.42 other	123.98
HC SIGMAGDOSCOPY FLEXIBLE	4330	CPT	both	3112.02	1216.56 WellPoint	WellPoint	2964.62	95	123.98	2566.42 percent of total billed charges	123.98	2566.42 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 First Trenton	First Trenton	2438.18	31.04	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Aetna	Better Health	824.65	30.44	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Aetna	Commercial	1236.46	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Aetna	Medicare	1057.88	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 UHC	Medicaid	824.65	30.44	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 First Health	First Health	2498.36	31.04	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Amerihealth	America	2031.82	75	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Corrections	Corrections	2167.27	80	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Managed Care Inc	Managed Care Inc	2498.36	90	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Amerihealth	HMO/PO	300	140.94	2573.64 fee schedule	140.94	2573.64 fee schedule	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Amerihealth	Medicare	1077.88	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Horizon	Medicare	2047	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 UHC	Medicare	1077.88	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Horizon	Medicare Blue	1077.88	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Consumer	Consumer	2573.64	95	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Horizon	PPO	2047	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Wellcare	Medicare	1077.88	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 United	Oxford	151.51	140.94	2573.64 case rate	140.94	2573.64 case rate	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Horizon	Indemnity	2047	140.94	2573.64 other	140.94	2573.64 other	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 WellPoint	WellPoint	2964.62	31.04	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 United	Commercial/PO	151.51	140.94	2573.64 case rate	140.94	2573.64 case rate	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Horizon	NI Health	140.94	140.94	2573.64 fee schedule	140.94	2573.64 fee schedule	140.94
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Multijan	Multijan	1077.27	80	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Three Rivers	Three Rivers	2573.64	95	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Quakare	Quakare	2031.82	75	140.94	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4331	CPT	both	2709.09	1216.56 Wellcare	Medicare	1077.88	30.44	698.26	2573.64 percent of total billed charges	140.94	2573.64 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Consumer	Consumer	3379.87	95	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Horizon	Medicare Blue	1077.88	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Aetna	Commercial	1077.88	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 United	Oxford	151.51	300	3379.87 case rate	300	3379.87 case rate	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Horizon	PPO	2047	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Aetna	Better Health	1062.98	30.44	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Aetna	Medicare	1077.88	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Amerihealth	Medicare	1077.88	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Corrections	Corrections	2048.21	80	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Quakare	Quakare	2048.32	75	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Amerihealth	America	2048.32	75	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 First Trenton	First Trenton	3201.98	90	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 WellPoint	WellPoint	1160.33	30.44	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 First Health	First Health	2403.43	11.04	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Amerihealth	HMO/PO	300	300	3379.87 fee schedule	300	3379.87 fee schedule	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Horizon	Indemnity	2047	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Horizon	NI Health	339.3	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Multijan	Multijan	2846.21	80	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Horizon	MID	2047	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Managed Care Inc	Managed Care Inc	3201.98	90	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 UHC	Medicaid	1002.98	30.44	300	3379.87 percent of total billed charges	300	3379.87 percent of total billed charges
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Aetna	Commercial	1077.88	95	300	3379.87 other	300	3379.87 other
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Wellcare	Medicare	1062.98	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 United	Commercial/PO	151.51	300	3379.87 case rate	300	3379.87 case rate	300
HC SIGMAGDOSCOPY FLEXIBLE	4336	CPT	both	3557.76	1216.56 Wellcare	Medicare	1077.88	300	3379.87 other	300	3379.87 other	300
HC SIGMAGDOSCOPY WIREM LESION	4338	CPT	outpatient	2237.88	1573.33 Horizon	NI Health	301.03	1166.58	300	2647.29 other	300	2647.29 other
HC SIGMAGDOSCOPY WIREM LESION	4338	CPT	outpatient	2237.88	1573.33 First Trenton	First Trenton	2149.09					















description	unit	last_updated_on	version	hospital_location	hospital_address_line_one	hospital_address_line_two	best_of_knowledge_and_belief	hospital_included_in_applicable_standard_charge_information	in accordance with the requirements of 45 CFR 180.50	and the information encoded is true, accurate, and complete as of the date indicated	drug_code	unit_of_measurement	drug_type_of_measurement	standard_chargenumber	standard_chargescount	payee_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargenon	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
HC EXCH PTC CATH OR CONV INTEXT	both	2025-09-17	21.0	130119	1509	Begun St	310119	being			47937	PT	both	12972	4	47937 Managed Care Inc	First Health	1185.18	90		5544.49	300	300	12228.78 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC EXCH PTC CATH OR CONV INTEXT	both	47936	PT	both	12972	4	47937 Horizon	PPD			47936	PT	both	12972	4	47937 Horizon	PPD	7803.52				300	300	12228.78 other		
HC EXCH PTC CATH OR CONV INTEXT	both	47936	PT	both	12972	4	47937 Horizon	Medicare			47936	PT	both	12972	4	47937 United	CommerciaiPPD	3586.78	80			300	300	12228.78 percent of total billed charges		
HC EXCH PTC CATH OR CONV INTEXT	both	47936	PT	both	12972	4	47937 Horizon	Medicare			47936	PT	both	12972	4	47937 United	CommerciaiPPD	3586.78				300	300	12228.78 case rate		
HC EXCH PTC CATH OR CONV INTEXT	both	47936	PT	both	12972	4	47937 Horizon	Medicare			47936	PT	both	12972	4	47937 United	CommerciaiPPD	3586.78				300	300	12228.78 case rate		
HC EXCH PTC CATH OR CONV INTEXT	both	47936	PT	both	12972	4	47937 Horizon	Medicare			47936	PT	both	12972	4	47937 United	CommerciaiPPD	3586.78	30.44			300	300	12228.78 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC EXCH PTC CATH OR CONV INTEXT	both	47936	PT	both	12972	4	47937 Horizon	Medicare			47936	PT	both	12972	4	47937 United	CommerciaiPPD	3586.78	31.04			300	300	12228.78 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Amerihealth	Medicare			47537	PT	both	3084.48	121	05 Amerihealth	Medicare	1907.87				300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Aetna	Commercial			47537	PT	both	3084.48	121	05 Aetna	Commercial	1775.4				300	300	2930.26 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 First Health	First Health			47537	PT	both	3084.48	121	05 First Health	First Health	2189.14	70			300	300	2930.26 percent of total billed charges		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Conectons	Commercial			47537	PT	both	3084.48	121	05 Conectons	Commercial	2477.58	80			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Horizon	PPD			47537	PT	both	3084.48	121	05 Horizon	PPD	2155.03				300	300	2930.26 other		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Amerihealth	Amerihealth			47537	PT	both	3084.48	121	05 Amerihealth	Amerihealth	2133.36	75			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Amerihealth	HMO/PPD			47537	PT	both	3084.48	121	05 Amerihealth	HMO/PPD	300				300	300	2930.26 fee schedule		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Aetna	Better Health			47537	PT	both	3084.48	121	05 Aetna	Better Health	938.92				300	300	2930.26 percent of total billed charges		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 First Health	First Health			47537	PT	both	3084.48	121	05 First Health	First Health	2775.03	30.44			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Aetna	Medicare			47537	PT	both	3084.48	121	05 Aetna	Medicare	1087.87				300	300	2930.26 other		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Horizon	Medicare Blue			47537	PT	both	3084.48	121	05 Horizon	Medicare Blue	1087.87				300	300	2930.26 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 UHC	Medicare			47537	PT	both	3084.48	121	05 UHC	Medicare	1087.87				300	300	2930.26 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Consumer	Consumer			47537	PT	both	3084.48	121	05 Consumer	Consumer	2930.26	95			300	300	2930.26 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Amerihealth	Medicare			47537	PT	both	3084.48	121	05 Amerihealth	Medicare	2155.03				300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 WellPoint	WellPoint			47537	PT	both	3084.48	121	05 WellPoint	WellPoint	967.42	31.04			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Managed Care Inc	Managed Care Inc			47537	PT	both	3084.48	121	05 Managed Care Inc	Managed Care Inc	2775.03	90			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Horizon	Medicare			47537	PT	both	3084.48	121	05 Horizon	Medicare	2155.03				300	300	2930.26 other		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 UHC	Medicare			47537	PT	both	3084.48	121	05 UHC	Medicare	938.92	30.44			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Horizon	NJ Health			47537	PT	both	3084.48	121	05 Horizon	NJ Health	466.96				300	300	2930.26 fee schedule		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 United	CommerciaiPPD			47537	PT	both	3084.48	121	05 United	CommerciaiPPD	487.79				300	300	2930.26 case rate		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Multian	Multian			47537	PT	both	3084.48	121	05 Multian	Multian	2477.58	80			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 United	Oxford			47537	PT	both	3084.48	121	05 United	Oxford	2597.79				300	300	2930.26 case rate		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Three Rivers	Three Rivers			47537	PT	both	3084.48	121	05 Three Rivers	Three Rivers	2930.26	95			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Wellcare	Medicaid			47537	PT	both	3084.48	121	05 Wellcare	Medicaid	938.92	30.44			300	300	2930.26 percent of total billed charges		
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 United	Quintare			47537	PT	both	3084.48	121	05 United	Quintare	2333.36	75			300	300	2930.26 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC REMOVAL PTC CATH PERC INCLUCIE	both	47537	PT	both	3084.48	121	05 Horizon	MD			47537	PT	both	3084.48	121	05 Horizon	MD	1309.41				300	300	1793.36 case rate		
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 First Trenton	First Trenton			47938	PT	both	18940.38	778	18 First Trenton	First Trenton	17046.34	90			1400	1400	17930.36 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Amerihealth	Amerihealth			47938	PT	both	18940.38	778	18 Amerihealth	Amerihealth	14205.29	75			1400	1400	17930.36 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Aetna	Better Health			47938	PT	both	18940.38	778	18 Aetna	Better Health	1524.25	30.44			1400	1400	17930.36 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 UHC	Medicaid			47938	PT	both	18940.38	778	18 UHC	Medicaid	5765.45	30.44			1400	1400	17930.36 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Conectons	CommerciaiPPD			47938	PT	both	18940.38	778	18 Conectons	CommerciaiPPD	15152.3	90			1400	1400	17930.36 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Amerihealth	HMO/PPD			47938	PT	both	18940.38	778	18 Amerihealth	HMO/PPD	1400				1400	1400	17930.36 fee schedule		
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Aetna	Medicare			47938	PT	both	18940.38	778	18 Aetna	Medicare	6789.72	90			1400	1400	17930.36 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Three Rivers	Three Rivers			47938	PT	both	18940.38	778	18 Three Rivers	Three Rivers	17930.36	95			1400	1400	17930.36 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Horizon	NJ Health			47938	PT	both	18940.38	778	18 Horizon	NJ Health	5030.03				1400	1400	17930.36 fee schedule		
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Amerihealth	Medicare			47938	PT	both	18940.38	778	18 Amerihealth	Medicare	6789.72	90			1400	1400	17930.36 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Aetna	CommerciaiPPD			47938	PT	both	18940.38	778	18 Aetna	CommerciaiPPD	11048.18				1400	1400	17930.36 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 United	Oxford			47938	PT	both	18940.38	778	18 United	Oxford	4843.06				1400	1400	17930.36 case rate		
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 United	CommerciaiPPD			47938	PT	both	18940.38	778	18 United	CommerciaiPPD	4843.06				1400	1400	17930.36 case rate		
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Horizon	Indemnity			47938	PT	both	18940.38	778	18 Horizon	Indemnity	1309.41				1400	1400	17930.36 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC PLACE PTC STENT INCL IMAGING &	both	47938	PT	both	18940.38	778	18 Consumer	Consumer			47938	PT	both													













hospital_name	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargediscounts	cash	payer_name	plan_name	standard_chargedeposited_dollar	standard_chargedeposited_percentage	standard_chargedeposited_algorithm	estimated_amount	standard_charginum	standard_chargemsgs	standard_chargemsgtechnology	additional_generic_notes
University Hospital	2025-09-17	21.0	19101	310179	waiting	unit	code	category	modifier											
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 WellPart	750.04							WellPart	1104			733.57				
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 First Health	750.04							First Health	1891.47	70						
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Horizon	750.04							MD	1489.82							
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Horizon	750.04							NJ Health	573.61							Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Horizon	750.04							Medicaid	1489.82							
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 UHC	750.04							Medicaid	735.55							Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 UHC	750.04							Medicare	774.48	30.44						
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Managed Care Inc	750.04							Managed Care Inc	2174.74							2295.56 percent of total billed charges
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Horizon	750.04							Medicare Blue	774.48							Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Horizon	750.04							Medicare	1933	90						
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Horizon	750.04							PPD	1489.82							
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 United	750.04							Commercial	735.55	30.44						Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 United	750.04							Commercial	1871.51							
HC INJECT THRU NEW PON WINEPHROSTOGAM INC	50430	CPT	2416.38	800.65 Wellcare	750.04							Medicaid	774.48							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 First Trenton	750.04							First Trenton	2174.74	90						Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Aetna	750.04							Commercial	1293.95							Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Aetna	750.04							Medicare Blue	774.48							Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 American	750.04							American	1872.29	75						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Amnhealth	750.04							HMO/PPD	1933							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Amnhealth	750.04							Medicare	1933							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Amnhealth	750.04							Medicare	774.48	80						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Aetna	750.04							Better Health	735.55	30.44						Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Aetna	750.04							Better Health	735.55							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Three Rivers	750.04							Three Rivers	2295.56	95						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Horizon	750.04							Medicare	1933	90						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Horizon	750.04							Indemnity	1489.82							Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Consumer	750.04							Consumer	2295.56	95						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Horizon	750.04							MD	1489.82							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Horizon	750.04							NJ Health	178.01							Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Horizon	750.04							PPD	1489.82							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Aetna	750.04							Medicare	774.48							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 United	750.04							Commercial/PPD	1871.51							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Quaker	750.04							Quaker	1872.29	75						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 WellPart	750.04							WellPart	1933	31.04						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 UHC	750.04							Medicaid	735.55							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Managed Care Inc	750.04							Managed Care Inc	2174.74							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 First Health	750.04							First Health	1891.47	90						
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 UHC	750.04							Medicare	774.48							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 United	750.04							Consumer	1871.51							413.62
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Wellcare	750.04							Medicaid	735.55							
HC NEPHROSTOGAM THRU EXISTING AC	50431	CPT	2416.38	800.65 Wellcare	750.04							Medicare	774.48	30.44						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 United	750.04							Consumer	2899.28							
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 United	750.04							Consumer	4850.92	70						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 WellPart	750.04							WellPart	3879.15							
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Aetna	750.04							Medicare	6581.93							
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Aetna	750.04							Better Health	2109.46	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Amnhealth	750.04							Medicare	2393.93	30.44						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Amnhealth	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 American	750.04							American	5197.41	75						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Consumer	750.04							Consumer	6581.93	95						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare Blue	2393.93							
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPHROSTOGAM THRU EXISTING AC	50432	CPT	2416.38	800.65 Horizon	750.04							Medicare	5643.9	80						
HC NEPH																				



description	last_updated_on	20.0 version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19 true	category	unit	measurement	standard_charges	standard_charges/total_cash	payer_name	plan_name	standard_charges/negotiated_dollar	standard_charges/negotiated_percentage	standard_charges/negotiated_algorithm	estimated_amount	standard_charges/1m	standard_charges/1m	standard_charges/1m	standard_charges/1m	standard_charges/1m	additional_generic_notes
HC CYSYSTOMY CYSTOTOMY W DRAINAGE	2025-04-17	20.0	coast	code/1type	outpatient	51040	CPT	2733.47	WellPant	3096.43	WellPant	41.92	31.04	41.92	100.00	31.04	41.92	31.04	41.92	31.04	41.92		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	First Trenton	First Trenton	2160.25	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Amnehealth	HMOPPO	460.55	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Aetna	Commercial	460.55	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Aetna	WellPant	737.41	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Corrections	Corrections	1938	80	80	80	80	80	80	80	80	80	80	80	80	80		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	UHC	Medicare	737.41	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Multilan	Medicare	1938	80	80	80	80	80	80	80	80	80	80	80	80	80		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	American	American	1816.88	75	75	75	75	75	75	75	75	75	75	75	75	75		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Three Rivers	Three Rivers	2301.38	95	95	95	95	95	95	95	95	95	95	95	95	95		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Amnehealth	Amnehealth	382	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Quakare	Quakare	1816.88	75	75	75	75	75	75	75	75	75	75	75	75	75		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Aetna	Medicare	382	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Horizon	Medicare	549.66	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	LHC	Medicare	382	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Horizon	PPO	549.66	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Consumer	Consumer	2491.38	95	95	95	95	95	95	95	95	95	95	95	95	95	95	
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Managed Care Inc	Managed Care Inc	2160.25	90	90	90	90	90	90	90	90	90	90	90	90	90	90	
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	First Health	First Health	1857.90	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	WellPant	WellPant	51.94	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Wellcare	Medicare	282	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	Payor-specific negotiated charge calculated as a percent of the Medicare value	
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Horizon	Medicare	549.66	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Horizon	Medicare Blue	282	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2	28.2		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	United	Commercial/PPO	1835.46	75	75	75	75	75	75	75	75	75	75	75	75	75		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	United	Medicare	1835.46	75	75	75	75	75	75	75	75	75	75	75	75	75		
HC ASPIR BLADER BY NEEDLE	51100	CPT	both	2422.5	324.53	Wellcare	Medicare	737.41	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Multilan	Multilan	5892.73	300	300	300	300	300	300	300	300	300	300	300	300	300		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Consumer	Consumer	5892.73	95	95	95	95	95	95	95	95	95	95	95	95	95		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Aetna	Commercial	3879.15	300	300	300	300	300	300	300	300	300	300	300	300	300	300	Payor-specific negotiated charge calculated as a percent of the Medicare value
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Amnehealth	Medicare	2395.93	300	300	300	300	300	300	300	300	300	300	300	300	300		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Aetna	Medicare	2298.2	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	First Health	First Health	5119.38	70	70	70	70	70	70	70	70	70	70	70	70	70		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	American	American	5485.05	300	300	300	300	300	300	300	300	300	300	300	300	300		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	LHC	Medicare	379.93	300	300	300	300	300	300	300	300	300	300	300	300	300		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Quakare	Quakare	5485.05	75	75	75	75	75	75	75	75	75	75	75	75	75		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Managed Care Inc	Managed Care Inc	6528.06	300	300	300	300	300	300	300	300	300	300	300	300	300		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Aetna	Medicare	2395.93	90	90	90	90	90	90	90	90	90	90	90	90	90		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	First Trenton	First Trenton	6528.06	90	90	90	90	90	90	90	90	90	90	90	90	90		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Corrections	Corrections	6502.72	90	90	90	90	90	90	90	90	90	90	90	90	90		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Wellcare	Medicare	2395.93	300	300	300	300	300	300	300	300	300	300	300	300	300		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Amnehealth	HMOPPO	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	Payor-specific negotiated charge calculated as a percent of the Medicare value
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Horizon	Medicare	4598.38	300	300	300	300	300	300	300	300	300	300	300	300	300		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Horizon	Medicare Blue	2376.93	300	300	300	300	300	300	300	300	300	300	300	300	300	300	
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Three Rivers	Three Rivers	6947.73	95	95	95	95	95	95	95	95	95	95	95	95	95	95	
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Horizon	Medicare	4598.38	300	300	300	300	300	300	300	300	300	300	300	300	300	300	
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Horizon	PPO	4598.38	300	300	300	300	300	300	300	300	300	300	300	300	300	300	
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	LHC	Medicare	2228	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	WellPant	WellPant	2218.08	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04	31.04		
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	United	Commercial/PPO	2859.28	300	300	300	300	300	300	300	300	300	300	300	300	300	300	
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	United	Medicare	2859.28	300	300	300	300	300	300	300	300	300	300	300	300	300	300	
HC DRNAGE BLADER W SUPRA CATH	51102	CPT	outpatient	7313.4	2733.47	Wellcare	Medicare	228	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44	30.44		
HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY	51600	CPT	outpatient	2583.66	Aetna	Medicare	765.77	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	30.8	
HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY	51600	CPT	outpatient	25																			





University Hospital	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscounthead	payer_name	plan_name	standard_chargeregulated_doll	standard_chargeregulated_percentge	standard_chargeregulated_algorith	estimated_amount	standard_chargin	standard_chargin	standard_chargin	standard_chargin	additional_generic_notes
University Hospital	2025-08-17	2.0.0	University Hospital 150 Bergen St	3/19/19	unit	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscounthead	payer_name	plan_name	standard_chargeregulated_doll	standard_chargeregulated_percentge	standard_chargeregulated_algorith	estimated_amount	standard_chargin	standard_chargin	standard_chargin	standard_chargin	additional_generic_notes
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	15096	0	0	0	15096	0	0	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	7223.44	0	0	0	7223.44	38.28	38.28	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	7223.44	0	0	0	7223.44	38.28	38.28	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	567.25	0	0	0	567.25	3.104	3.104	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	14152.5	0	0	0	14152.5	71.90	71.90	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	0	0	0	0	0	0	0	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	5961	0	0	0	5961	30	30	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC TOTAL ABDOMINAL HYSTERCY W/WO RIMA, TUBE OVARY	51820	CPT	outpatient	18870	0	0	0	0	17626.5	0	0	0	17626.5	95	95	0	5661	1790.5	5661	1790.5	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	774.48	0	0	0	774.48	0.44	0.44	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	865.28	0	0	0	865.28	0.44	0.44	0	684.98	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	717.45	0	0	0	717.45	0.44	0.44	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	774.48	0	0	0	774.48	0.44	0.44	0	429.92	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	125	0	0	0	125	0.6	0.6	0	451.93	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	278.29	0	0	0	278.29	1.4	1.4	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	1263.95	0	0	0	1263.95	6.6	6.6	0	1096.97	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	203.5	0	0	0	203.5	1.1	1.1	0	70	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	1488.62	0	0	0	1488.62	7.8	7.8	0	703.94	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	2362.62	0	0	0	2362.62	12.8	12.8	0	715.03	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	774.48	0	0	0	774.48	4.1	4.1	0	529.56	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	181.51	0	0	0	181.51	0.9	0.9	0	677.29	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	117.45	0	0	0	117.45	0.6	0.6	0	60.04	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	117.45	0	0	0	117.45	0.6	0.6	0	1212.98	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	2181.21	0	0	0	2181.21	11.2	11.2	0	75	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	2362.62	0	0	0	2362.62	12.8	12.8	0	80	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	1488.62	0	0	0	1488.62	7.8	7.8	0	1257	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	865.28	0	0	0	865.28	4.4	4.4	0	3044	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	261.45	0	0	0	261.45	1.4	1.4	0	75	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	1429.12	0	0	0	1429.12	7.5	7.5	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	774.48	0	0	0	774.48	4.1	4.1	0	638.9	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	865.28	0	0	0	865.28	4.4	4.4	0	634.2	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	181.51	0	0	0	181.51	0.9	0.9	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	507.73	0	0	0	507.73	2.6	2.6	0	692.69	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	774.48	0	0	0	774.48	4.1	4.1	0	515.24	11745	11745	2762.87	percent of total billed charges
HC CYSTOURETHROSCOPY, PORTABLE	52000	CPT	both	29028	0	0	0	0	278.29	0	0	0	278.29	1.4	1.4	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	4599.36	0	0	0	4599.36	23.8	23.8	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	5623.87	0	0	0	5623.87	29.4	29.4	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	238.82	0	0	0	238.82	1.2	1.2	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	238.82	0	0	0	238.82	1.2	1.2	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	4599.36	0	0	0	4599.36	23.8	23.8	0	70	11745	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	3879.15	0	0	0	3879.15	20.2	20.2	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	2198.88	0	0	0	2198.88	11.3	11.3	0	3044	11745	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	2198.88	0	0	0	2198.88	11.3	11.3	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	1429.12	0	0	0	1429.12	7.5	7.5	0	3044	11745	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	2198.88	0	0	0	2198.88	11.3	11.3	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	4599.36	0	0	0	4599.36	23.8	23.8	0	75	11745	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	4599.36	0	0	0	4599.36	23.8	23.8	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	4599.36	0	0	0	4599.36	23.8	23.8	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	630.86	0	0	0	630.86	3.3	3.3	0	3044	11745	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	238.82	0	0	0	238.82	1.2	1.2	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	238.82	0	0	0	238.82	1.2	1.2	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	4599.36	0	0	0	4599.36	23.8	23.8	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	630.86	0	0	0	630.86	3.3	3.3	0	11745	2762.87	11745	2762.87	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	238.82	0	0	0	238.82	1.2	1.2	0	238.82	6878.35	238.82	6878.35	percent of total billed charges
HC CYSTY W/URETERAL CATHETERIZATION	52005	CPT	outpatient	70284	0	0	0	0	238.82	0	0	0	238.82	1.2	1.2	0	238.82	6878.35	238.82	6878.35	percent of total billed charges

University Hospital	last_updated_on	version	20.0	21.0	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	type	code	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegrossincl_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes	
University Hospital	2025-04-17	21.0	21.0	21.0	University Hosp 150 Bergen St					type	code	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegrossincl_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27343 Horizon	Indemnity	459936					22289	6758.51 fee schedule	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52316	CPT								outpatient	52316					711422		27343 Three Rivers	Three Rivers	6785.51					22289	6758.51 percent of total billed charges	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27343 Amerihealth	HMO/PPD	560					80	6758.51 fee schedule	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Multiplan	Multiplan	5691.38					22289	6758.51 percent of total billed charges	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Horizon	NJ Health	459936					22289	6758.51 fee schedule	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Horizon	MGD	459936					22289	6758.51 fee	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Quaker	Quaker	5185.67			75		22289	6758.51 percent of total billed charges	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 UHC	Medicare	2376.93					22289	6758.51 fee	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Wellcare	Medicaid	2168.57			30.44		22289	6758.51 percent of total billed charges	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Wellpoint	Medicaid	2282.25			31.04		22289	6758.51 percent of total billed charges	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Managed Care Inc	Managed Care Inc	6402.8			90		22289	6758.51 percent of total billed charges	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 Wellcare	Medicaid	2376.93					22289	6758.51 fee	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 UHC	Medicaid	2168.57			30.44		22289	6758.51 percent of total billed charges	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 United	Commercia/PPD	2899.28					22289	6758.51 case rate	
HC CYSTO W/COMPLEX REMOVAL FOREIGN BODY, STONE & STENT, COMPLICATED	52315	CPT								outpatient	52315					711422		27347 United	Medicare	2899.28					22289	6758.51 case rate	
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Aetna	Medicare	382.2						1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Aetna	Better Health	460.77					26.77	1835.46 percent of total billed charges	
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Aetna	Commercial	267.55					30.44	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Amerihealth	Commercial	409.25					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Con Edison	Corrections	696.6					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Amerihealth	Consumer	282.2					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Consumer	Consumer	820.09					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 First Trenton	First Trenton	776.93			90		26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Horizon	Oxford	546.06					26.77	1835.46	6758.51 fee
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 United	Oxford	1835.46					26.77	1835.46	6758.51 case rate
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Amerihealth	Amerihealth	647.44			75		26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 UHC	Medicare	382.2			257.5		26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 First Health	First Health	664.28					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Multiplan	Medicare	696.6			70		26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Horizon	PPD	546.06					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Quaker	Quaker	647.44					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Three Rivers	Indemnity	546.06					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Three Rivers	Three Rivers	820.09					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Horizon	Medicaid	1835.46					26.77	1835.46	6758.51 case rate
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Horizon	Medicaid	382.2					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Managed Care Inc	Managed Care Inc	776.93			30.44		26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Wellcare	Medicaid	2168.57					26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Wellpoint	WellPoint	267.55			31.04		26.77	1835.46	6758.51 percent of total billed charges
HC PERURETHRAL TRANSFERENTIAL ADJUST BALLOON CONTINENCE DEVICE, PRO ADJUST	53454	CPT								outpatient	53454					88325		324.53 Wellcare	Medicare	382.2					26.77	1835.46	6758.51 case rate
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Amerihealth	Medicare	1122.49						101.06	6094.04 other
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Consumer	Consumer	6094.04					95	101.06	6094.04 percent of total billed charges
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Aetna	Better Health	1562.06			30.44		101.06	6094.04 percent of total billed charges	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Con Edison	Corrections	4493.95					101.06	6094.04 other	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Aetna	Medicare	2122.49					101.06	6094.04 other	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 First Health	Commercial	360.3			70		101.06	6094.04 other	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 First Health	First Health	4493.95					101.06	6094.04 percent of total billed charges	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 First Trenton	First Trenton	5773.3			90		101.06	6094.04 percent of total billed charges	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Amerihealth	Amerihealth	4811.09			75		101.06	6094.04 percent of total billed charges	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Multiplan	Multiplan	5112.82			90		101.06	6094.04 percent of total billed charges	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Amerihealth	HMO/PPD	300					101.06	6094.04 fee schedule	
HC DISTR LSN PENS ELECTRODE/STCN	64055	CPT								outpatient	64055					64178		240.86 Horizon	Indemnity	4107.02					101.06	6094.	

University Hospital	last_updated_on	version	hospital_location	address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	charge_type	unit_of_measurement	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges/rounds	cash	payer_name	plan_name	standard_charges/negotiated_dollar	standard_charges/negotiated_percentage	standard_charges/negotiated_algorithm	estimated_amount	standard_charginm	standard_charginms	standard_charginmology	additional_genetic_tests	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	inpatient	04235	001	34.53	Horizon	Medicare Blue	243.73		Better Health		243.73	100.0		243.73		1835.46	percent of total billed charges		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Horizon	Commercial	252.2		Medicare Blue		252.2	100.0		252.2		1835.46	other	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Aetna	Commercial	252.2		Medicare Blue		252.2	100.0		252.2	397.81	1835.46	other	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Aetna	Medicare	252.2		Medicare		252.2	100.0		252.2		1835.46	fee schedule		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Aetna	Medicare	252.2		Medicare		252.2	100.0		252.2		1835.46	other	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Aetna	Medicare	252.2		Medicare		252.2	100.0		252.2		1835.46	other	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Horizon	Intensify	546.06		Intensify		546.06	100.0		546.06		1835.46	other		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Horizon	NI Health	62.72		NI Health		62.72	100.0	40.57	62.72		1835.46	fee schedule		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Consumer	Consumer	760.67		Consumer		760.67	95		760.67		1835.46	percent of total billed charges		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	UHC	Medicare	282		Medicare		282	100.0		282		152.63	62.72	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	First Health	Medicare	650.49		First Health		650.49	70		650.49		1835.46	percent of total billed charges		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Horizon	Medicaid	243.73		Medicaid		243.73	100.0		243.73	255.54	62.72	1835.46	percent of total billed charges	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Managed Care Inc	Managed Care Inc	720.43		Managed Care Inc		720.43	90.44		720.43		1835.46	other	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	United	Commercial/PPD	1835.46		Commercial/PPD		1835.46	100.0		1835.46		1835.46	case rate		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	United	Outd	1835.46		Outd		1835.46	100.0		1835.46		1835.46	case rate		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Wellpoint	Wellpoint	284.54		Wellpoint		284.54	110.4		284.54		200.99	62.72	1835.46	percent of total billed charges
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Three Rivers	Three Rivers	760.67		Three Rivers		760.67	95		760.67		1835.46	percent of total billed charges		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Multiplan	Multiplan	640.96		Multiplan		640.96	95		640.96		1835.46	percent of total billed charges		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Wellcare	Medicare	243.73		Wellcare		243.73	100.0		243.73		1835.46	percent of total billed charges		
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Horizon	PPD	546.06		PPD		546.06	100.0		546.06		398.36	62.72	1835.46	other
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Horizon	Medicare	252.2		Medicare		252.2	100.0		252.2		1835.46	other	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ CAVERNSA WPHRMCLG AGT	2025-09-17	2.0.0	central	13119	outpatient	54235	001	34.53	Quakare	Quakare	600.53		Quakare		600.53	75		600.53		1835.46	percent of total billed charges		
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	First Trenton	First Trenton	1266.12		First Trenton		1266.12	90		1266.12		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Aetna	Commercial	605.65		Aetna		605.65	100.0		605.65		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	First Health	First Health	1000.31		First Health		1000.31	70		1000.31		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Horizon	Medicare Blue	282		Medicare Blue		282	100.0		282		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Horizon	Commercial	1143.22		Commercial		1143.22	80		1143.22		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	American	American	1071.77		American		1071.77	75		1071.77		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Aetna	HMO/PPD	300		HMO/PPD		300	100.0		300		91.35	1835.46	fee schedule	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Managed Care Inc	Managed Care Inc	434.99		Managed Care Inc		434.99	30.44		434.99		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	United	Commercial/PPD	1286.12		Commercial/PPD		1286.12	100.0		1286.12		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Aetna	Medicare	282		Medicare		282	100.0		282		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	UHC	Medicare	282		UHC		282	100.0		282		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Consumer	Consumer	1357.57		Consumer		1357.57	95		1357.57		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Horizon	NI Health	61.35		NI Health		61.35	51.18		61.35		91.35	1835.46	fee schedule	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Horizon	Medicaid	282		Medicaid		282	100.0		282		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Aetna	Medicare	546.06		Medicare		546.06	100.0		546.06		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Multiplan	Multiplan	1143.22		Multiplan		1143.22	80		1143.22		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Three Rivers	Three Rivers	1357.57		Three Rivers		1357.57	95		1357.57		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Quakare	Quakare	1071.77		Quakare		1071.77	75		1071.77		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Wellcare	Medicare	282		Medicare		282	100.0		282		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Horizon	PPD	546.06		PPD		546.06	100.0		546.06		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Horizon	Intensify	546.06		Intensify		546.06	100.0		546.06		91.35	1835.46	other	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Wellpoint	Wellpoint	434.99		Wellpoint		434.99	110.4		434.99		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	UHC	Medicaid	434.99		Medicaid		434.99	30.44		434.99		91.35	1835.46	percent of total billed charges	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	United	Commercial/PPD	1835.46		Commercial/PPD		1835.46	100.0		1835.46		91.35	1835.46	case rate	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	United	Outd	1835.46		Outd		1835.46	100.0		1835.46		91.35	1835.46	case rate	
HC MANIPULATION FORESKIN PENS	2025-09-17	2.0.0	central	13119	outpatient	54450	001	34.53	Wellcare	Medicaid	434.99		Medicaid		434.99	30.44		434.99		91.35	1835.46	percent of total billed charges	
HC ID EDDIDYMS TESTS DR SCROT	2025-09-17	2.0.0	central	13119	outpatient	71624	001	273.47	Aetna	Commercial	3879.15		Commercial		3879.15	100.0		3879.15		2146.09	200.68	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC ID EDDIDYMS TESTS DR SCROT	2025-09-17	2.0.0	central	13119	outpatient	71624	001	273.47	Aetna	Medicare	200.68		Medicare		200.68	100.0		200.68		200.68	200.68	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC ID EDDIDYMS TESTS DR SCROT	2025-09-17	2.0.0	central	13119	outpatient	71624	001	273.47	Horizon	Medicaid	459.36		Medicaid		459.36	100.0		459.36		200.68	680.32	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC ID EDDIDYMS TESTS DR SCROT	2025-09-17	2.0.0	central	13119	outpatient	71624	001	273.47	Aetna	Medicare	200.68		Medicare		200.68	100.0		200.68		200.68	200		







description	unit	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	code/line	code/type	unit	standard_chargemax	standard_chargemin	standard_chargemethodology	additional_generic_notes
description	unit	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	code/line	code/type	unit	standard_chargemax	standard_chargemin	standard_chargemethodology	additional_generic_notes
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 AmnHealth	Medicaid	5727.86		125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Consumer	Consumer	5727.86		125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Aetna	Better Health	5727.86	30.44	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Horizon	Medicare Blue	5727.86		125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 AmnHealth	AmnHealth	5727.86	75	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Horizon	Indemnity	11083.41		125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 First Health	First Health	12326.64	70	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Wellcare	Wellcare	5991.2		125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 United	United	125		125			18731.72 fee schedule	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 First Trenton	First Trenton	15851.11	30.44	125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Multiplan	Multiplan	14399.87	80	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 UHC	Medicare	5727.86		125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Horizon	MCO	11083.41		125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Horizon	PPO	11083.41		125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Quince	Quince	13209.28	75	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Wellcare	Medicare	5727.86		125			18731.72 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 UHC	Medicaid	591.2	30.44	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Horizon	NJ Health	361.21		125			18731.72 fee schedule	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 United	Commercial	1871.51		125			18731.72 case rate	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Managed Care Inc	Managed Care Inc	173246.11	90	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 WellPoint	WellPoint	5466.87	110.4	125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 Three Rivers	Three Rivers	2073.72		125			18731.72 percent of total billed charges	
HC INSERT UTER YANDAWAG OVID		57155	CPT	both	1761234	6597.04 United	Oxford	1871.51		125			18731.72 case rate	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 UHC	Medicaid	342.78	30.44	169.47	306.58		1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 AmnHealth	AmnHealth	376.03		169.47	307.03		1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 American	American	844.56	75	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Three Rivers	Three Rivers	1069.78	95	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 AmnHealth	HMO/PO	590		169.47			1836.46 fee schedule	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Multiplan	Multiplan	900.86	80	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Aetna	Better Health	342.78	30.44	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Conecticut	Conecticut	690.96	80	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 UHC	Medicare	352.96		169.47			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Quince	Quince	844.56	75	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Consumer	Consumer	1099.78	95	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 First Trenton	First Trenton	1013.47	70	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 AmnHealth	Medicare	352.96		169.47			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Horizon	MCO	1266.28		169.47			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Horizon	MCO	1266.28		169.47			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Horizon	NJ Health	368.83	30.8	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Horizon	NJ Health	368.83		169.47			1836.46 fee schedule	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 First Health	First Health	786.26	70	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Horizon	PPO	662.98		169.47			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Horizon	Medicare Blue	352.96	110.4	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Managed Care Inc	Managed Care Inc	1013.47	90	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Horizon	Indemnity	662.98		169.47			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 WellPoint	WellPoint	4954.54		169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Wellcare	Medicare	352.96		169.47			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 United	Commercial	1836.46		169.47			1836.46 case rate	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 United	Commercial	1836.46		169.47			1836.46 case rate	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	405.9 Wellcare	Medicaid	342.78	30.44	169.47			1836.46 percent of total billed charges	
HC INSU VAGINAL RADIATION DEVICE	outpatient	57156	CPT	outpatient	112626	268.43 First Trenton	First Trenton	656.08	90	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 AmnHealth	HMO/PO	125		51.6			1836.46 fee schedule	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 First Health	First Health	486.95	70	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 AmnHealth	Medicaid	233.42		51.6			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Managed Care Inc	Managed Care Inc	640.08	90	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Aetna	Medicare	233.42		51.6			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Aetna	Commercial	369.94		51.6			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Aetna	Better Health	211.75	30.44	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Three Rivers	Three Rivers	606.86	95	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 WellPoint	WellPoint	1533.01	110.4	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Multiplan	Multiplan	566.51	80	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Conecticut	Conecticut	566.51	75	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Consumer	Consumer	690.96	95	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 American	American	521.73	80	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Quince	Quince	521.73	75	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Horizon	MCO	61.67		418.34			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Horizon	Indemnity	431.67		51.6			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Horizon	Medicare Blue	233.42		51.6			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Wellcare	Medicare	233.42		51.6			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Horizon	NJ Health	51.6		490.33			1836.46 fee schedule	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 UHC	Medicare	211.75	30.44	51.6			1836.46 percent of total billed charges	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 UHC	Commercial	233.42		51.6			1836.46 other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 United	Commercial	1836.46		201.52			1836.46 case rate	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 Horizon	PPO	431.67		51.6			1836.46 case rate	
HC PESSARY	outpatient	57160	CPT	outpatient	695.64	268.43 United	Oxford	211.75		51.6			1836.46 case rate	
HC TREAT VAGINAL BLEEDING	outpatient	57160	CPT	outpatient	695.64	268.43 Wellcare	Medicaid	1836.46	30.44	51.6			1836.46 percent of total billed charges	
HC TREAT VAGINAL BLEEDING	outpatient	57160	CPT	outpatient	695.64	268.43 AmnHealth	Medicaid	1836.46		51.6			1836.46 case rate	
HC TREAT VAGINAL BLEEDING	outpatient	57160	CPT	outpatient	695.64	268.43 Consumer	Consumer	628.88		51.6				





hospital_name	last_updated_on	version	hospital_location	address_line1	address_line2	city	state	zip	30119	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenbr	standard_chargenbr_cashed	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginbr	standard_charginbr_max	standard_charginbr_min	standard_charginbr_min	additional_generic_notes
description	code	type	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Corrections	Corrections							10834	870.67			80			125					
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	American	American							10834	815.26			75			125					
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Horizon	PPO							10834	41.67						29.1	125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Horizon	Indemnity							10834	45.17						46.76	125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Managed Care Inc	Managed Care Inc							10834	231.42			90				125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Aetna	Medicare							10834	234.2							125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	AmerHealth	Medicare							10834	234.2							125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Horizon	NJ Health							10834	61.79						74.94	125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Three Rivers	Three Rivers							10834	1033.92							125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Consumer	Consumer							10834	1033.92			95				125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Wellcare	Medicare							10834	337.82						290.15	125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Horizon	Medicare Blue							10834	234.2						115.98	125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	UHC	Medicaid							10834	331.29			30.44			303.19	125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	UHC	Medicaid							10834	334.42						187.65	125				Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	First Health	First Health							10834	761.84						70	125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Multplan	Multplan							10834	870.67						80	125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Wellcare	Medicare							10834	331.29						30.44	125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	United	Commercial/PPO							10834	1835.46						244.96	125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Quaker	Quaker							10834	815.26			75				125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	Wellcare	Medicare							10834	334.2							125				
HC ENDORET BX WO CERVIDAL DIL	58100	CPT	10834	268.43	United	Oxford							10834	1835.46							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	AmerHealth	HMOPPO							12127	125						125	61.2				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Corrections	Corrections							12127	138.22			80				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Aetna	Medicare							12127	53.21			30.8				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Wellcare	Medicaid							12127	52.99							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	First Health	First Health							12127	120.94			70				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Horizon	MGD							12127	66.14			38.28				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Aetna	Better Health							12127	52.99							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	American	American							12127	125.58							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	United	Commercial/PPO							12127	1835.46							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	First Trenton	First Trenton							12127	155.46							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Aetna	Commercial							12127	65.65			38				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Consumer	Consumer							12127	164.13			95				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Indemnity	Indemnity							12127	66.14							38.28	125			
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Multplan	Multplan							12127	138.22							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	WellCare	WellCare							12127	53.23			11.04				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	United	Oxford							12127	1835.46							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Horizon	PPO							12127	66.14			38.28				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Horizon	Medicare Blue							12127	53.23						30	125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Three Rivers	Three Rivers							12127	164.13			95				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Quaker	Quaker							12127	125.58			75				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	NJ Health	NJ Health							12127	58.15							125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	UHC	Medicaid							12127	52.99			30.44				125				
HC ENDORET BX WO CERVIDAL DIL	58110	CPT	12127	121.27	Managed Care Inc	Managed Care Inc							12127	158.49			90				125				
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Horizon	PPO							10926	718.74							125				
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Aetna	Commercial							10926	620.89							125				
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Horizon	Medicare Blue							10926	369.27							257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	AmerHealth	Medicare							10926	369.27							257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Horizon	MGD							10926	718.74							257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	AmerHealth	HMOPPO							10926	550							257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Aetna	Better Health							10926	318.96			30.44				257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	American	American							10926	788.8			75				257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	WellCare	WellCare							10926	53.23							11.04	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	UHC	Medicare							10926	369.27							257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Horizon	NJ Health							10926	27.82							431.89	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Corrections	Corrections							10926	847.75			80				257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	UHC	Medicaid							10926	318.96			30.44				257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	First Health	First Health							10926	736.34			70				257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	Aetna	Better Health							10926	369.27							257.82	125			
HC DILATION AND CURETTAGE (D&C)	58120	CPT	10926	432.66	First Trenton	First Trenton		</																	



















University Hospital	last_updated_on	version	hospital_location	address_line_one	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
HC BLOOD PATCH INJ EPIDURAL SPACE	2025-09-17	21.0	coast	coast	19119 n	outpatient	ambulatory			2586.72		94.07 Managed Care Inc	First Managed Care Inc	90			238.05	125	2457.38 percent of total billed charges		
HC BLOOD PATCH INJ EPIDURAL SPACE	62273	OPT			2586.72	outpatient				2586.72		94.07 United	Medicaid	88.54			125	2457.38 percent of total billed charges		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC BLOOD PATCH INJ EPIDURAL SPACE	62273	OPT			2586.72	outpatient				2586.72		94.07 United	Medicaid	78.4	30.44		125	2457.38 percent of total billed charges			
HC BLOOD PATCH INJ EPIDURAL SPACE	62273	OPT			2586.72	outpatient				2586.72		94.07 United	Commercial/PPD	187.151			125	2457.38 percent of total billed charges			
HC BLOOD PATCH INJ EPIDURAL SPACE	62273	OPT			2586.72	outpatient				2586.72		94.07 United	Oxford	187.151			125	2457.38 percent of total billed charges			
HC BLOOD PATCH INJ EPIDURAL SPACE	62273	OPT			2586.72	outpatient				2586.72		94.07 United	Medicaid	78.4	30.44		125	2457.38 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Horizon	Medicaid	837.02	30		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Horizon	Medicaid	219.72	80		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		First Health	First Health	190.38	70		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Horizon	Medicaid	142.52	38.28		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Aetna	Aetna	2042.55	75		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Aetna	Better Health	829	30.44		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Commercial	Commercial	1034.48	37.8		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		United	Commercial/PPD	1835.46	66.6		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Aetna	WellPoint	560	20.4		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Aetna	Medicare	838.81	30.8		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Wellcare	Medicaid	829	30.44		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Multipian	Multipian	2179.7	79.4		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Consumer	Consumer	2587.23	95		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Outcare	Outcare	2305.56	84.3		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		First Trienton	First Trienton	2451.06	90		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		LHC	Medicaid	829	30.44		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Horizon	Indemnity	1042.52	38.28		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Horizon	NJ Health	210.6	7.7		210.6	2587.23 fee schedule			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Horizon	PPO	1042.52	38.28		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Managed Care Inc	Managed Care Inc	2451.06	89.3		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		Three Rivers	Three Rivers	2587.23	95		210.6	2587.23 percent of total billed charges			
HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	OPT			2723.4	outpatient				2723.4		United	Oxford	1835.46	66.6		210.6	2587.23 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Aetna	Medicare	616.72	58.5		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicare	916.72	86.9		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		First Trienton	Medicare Blue	916.72	86.9		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		First Trienton	First Trienton	2529.27	90		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Aetna	Medicare	916.72	86.9		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Aetna	Commercial	1489.09	80		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Aetna	Better Health	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Corrections	Corrections	2365.79	85		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		American	American	2365.79	85		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		American	American	2365.79	85		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Multipian	Multipian	2365.79	80		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Managed Care Inc	Managed Care Inc	916.72	86.9		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Managed Care Inc	Managed Care Inc	2529.27	90		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Consumer	Consumer	2797.5	95		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Outcare	Outcare	2208.56	75		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Aetna	WellPoint	900	85		500	2797.5 fee schedule			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Horizon	Indemnity	1773.85	80		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		United	Oxford	287.1	27.3		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Three Rivers	Three Rivers	2797.5	95		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		First Health	First Health	2081.32	70		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Horizon	PPO	1773.85	80		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Horizon	MGD	1773.85	80		500	2797.5 other		Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		LHC	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient				1054.23		Wellcare	Medicaid	86.38	30.44		500	2797.5 percent of total billed charges			
HC MYELOGRAPHY VA LUMBAR INJECTION, CERVICAL	62302	OPT			1054.23	outpatient															





University Hospital	last_updated_on	version	hospital_location	address_line	purpose	30119 true	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenbsp	standard_chargenbsp_cash	payer_name	plan_name	standard_chargenbsp_dollar	standard_chargenbsp_percentage	standard_chargenbsp_algorithm	estimated_amount	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	additional_generic_notes	
description	2025-01-17	2.0.0	hospital	address_line	purpose	30119 true	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenbsp	standard_chargenbsp_cash	payer_name	plan_name	standard_chargenbsp_dollar	standard_chargenbsp_percentage	standard_chargenbsp_algorithm	estimated_amount	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	additional_generic_notes	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	903.89	Corrections	Corrections			80		1835.46	1835.46	1835.46	1835.46	1835.46	1835.46		
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Aetna	Better Health	378.17		30.44		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Consumer	Consumer	118.12		95		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	First Trenton	First Trenton	90.00		90		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	American	American	90.177		75		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Aetna	Medicare	262.65		30.8		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Horizon	Medicare Blue	342.51				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Horizon	Indemnity	662.76				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	UHC	Medicaid	378.17		30.44		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Aetna	Commercial	568.98				532.14	98.66	1835.46	1835.46	1835.46	1835.46	1835.46	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Horizon	Medicaid	662.76			591.4	98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Managed Care Inc	Managed Care Inc	118.12		90		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Multiplan	Multiplan	90.89		90		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	First Health	First Health	69.66		70		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Horizon	Health	98.66			264.11	98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	United	CommerciaPPPO	183.46				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Quakere	Quakere	93.177		75		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Horizon	Opt	662.76				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	United	Opt	163.46				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	United	Three Rivers	192.24		95		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Wellcare	Medicare	342.51				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	UHC	Medicaid	342.51				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	WellPart	WellPart	363.63		31.04		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64400	CPT					outpatient			1242.36	303.89	Wellcare	Medicaid	378.17		30.44		98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Consumer	Medicare	190.24		95		352.02	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Aetna	Medicare	342.51				98.66	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	First Health	First Health	69.66				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Aetna	Better Health	378.17		30.44		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Horizon	Medicare Blue	342.51				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Horizon	MGD	662.76				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	American	American	93.177		75		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Corrections	Corrections	90.89		80		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Horizon	Health	125.51			71.65	125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	UHC	Medicaid	378.17		30.44		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Horizon	Medicare	342.51				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Aetna	HMO/PPPO	662.76		65		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	WellPart	WellPart	363.63				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Wellcare	Medicaid	342.51				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Horizon	Indemnity	662.76				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	First Trenton	First Trenton	118.12		90		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Multiplan	Multiplan	90.89		90		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Wellcare	Medicaid	378.17		30.44		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Horizon	PPPO	662.76				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Managed Care Inc	Managed Care Inc	118.12		90		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Quakere	Quakere	93.177		95		125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Wellcare	Medicare	342.51				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT					outpatient			1242.36	303.89	Horizon	Indemnity	662.76				125.51	1835.46	1835.46	1835.46	1835.46	1835.46	1835.46	
HC NJ INJ ANES AGENT TROVEMIN NERV	64405	CPT																							



University Hospital	description	unit	2025-19	21.0	last_updated_on	hospital_location	address_line_1	address_line_2	city	state	zip	310119	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenegotiated	standard_chargenegotiated_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargenegotiated	standard_chargenegotiated	standard_chargenegotiated	standard_chargenegotiated	additional_generic_notes		
University Hospital	description	unit	2025-19	21.0	last_updated_on	hospital_location	address_line_1	address_line_2	city	state	zip	310119	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenegotiated	standard_chargenegotiated_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargenegotiated	standard_chargenegotiated	standard_chargenegotiated	standard_chargenegotiated	additional_generic_notes		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	MGD	Medicaid	155.85								2555.1		Medicaid	MGD	155.85	95		2427.35	95		2427.35	95	2427.35 other		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	Consumer	Consumer	147.57								2555.1		Consumer	Consumer	147.57	70		2427.35	70		2427.35	70	2427.35 percent of total billed charges		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	First Health	First Health	170.87								2555.1		First Health	First Health	170.87	70		2427.35	70		2427.35	70	2427.35 percent of total billed charges		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	Malplan	Malplan	204.08								2555.1		Malplan	Malplan	204.08	90		2427.35	90		2427.35	90	2427.35 percent of total billed charges		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	Managed Care Inc	Managed Care Inc	228.09								2555.1		Managed Care Inc	Managed Care Inc	228.09	90		2427.35	90		2427.35	90	2427.35 percent of total billed charges		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	Three Rivers	Three Rivers	247.35								2555.1		Three Rivers	Three Rivers	247.35	95		2427.35	95		2427.35	95	2427.35 percent of total billed charges		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	LHC	Medicaid	717.77								2555.1		LHC	Medicaid	717.77	30.44		2427.35	30.44		2427.35	30.44	2427.35 percent of total billed charges		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	Quaire	Quaire	803.54								2555.1		Quaire	Quaire	803.54	75		2427.35	75		2427.35	75	2427.35 percent of total billed charges		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	LHC	Medicare	803.54								2555.1		LHC	Medicare	803.54			520.99			2427.35		2427.35 other		
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	United	CompassionPPO	1871.51								2555.1		United	CompassionPPO	1871.51							2427.35		2427.35 other	
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	United	United	1871.51								2555.1		United	United	1871.51							2427.35		2427.35 other	
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	WellPant	WellPant	793								2555.1		WellPant	WellPant	793	31.04						2427.35		2427.35 other	
HC NJ ANESTH FEMO NRV	outpatient	64447	CPT	92407	Wellcare	Wellcare	1871.77								2555.1		Wellcare	Wellcare	1871.77	30.44						2427.35		2427.35 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Commercial	1311.38								2503.08		Aetna	Commercial	1311.38							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	First Trenton	First Trenton	222.77								2503.08		First Trenton	First Trenton	222.77	90						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	American	American	187.73								2503.08		American	American	187.73	75						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Better Health	761.94								2503.08		Aetna	Better Health	761.94	30.44						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	MGD	154.85								2503.08		Horizon	MGD	154.85							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	HMO/PPD	125								2503.08		Horizon	HMO/PPD	125							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Consumer	Consumer	237.93								2503.08		Consumer	Consumer	237.93	95						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Malplan	Malplan	202.06								2503.08		Malplan	Malplan	202.06	90						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Medicare	803.54								2503.08		Aetna	Medicare	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	Medicare Blue	803.54								2503.08		Horizon	Medicare Blue	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	United	CompassionPPO	1871.51								2503.08		United	CompassionPPO	1871.51							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Corrections	Corrections	2002.46								2503.08		Corrections	Corrections	2002.46	80		484.14					237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	Idemity	154.85								2503.08		Horizon	Idemity	154.85							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Wellcare	803.54								2503.08		Aetna	Wellcare	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Quaire	Quaire	1877.31								2503.08		Quaire	Quaire	1877.31	75						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Managed Care Inc	Managed Care Inc	222.77								2503.08		Managed Care Inc	Managed Care Inc	222.77							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	MGD	89.96								2503.08		Horizon	MGD	89.96			420.67					237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	First Health	First Health	172.16								2503.08		First Health	First Health	172.16	70						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	WellPant	WellPant	719.96								2503.08		WellPant	WellPant	719.96	31.04						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Three Rivers	Three Rivers	237.93								2503.08		Three Rivers	Three Rivers	237.93	95						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	PPO	154.85								2503.08		Horizon	PPO	154.85							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	LHC	Medicaid	761.94								2503.08		LHC	Medicaid	761.94	30.44						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	LHC	Medicare	803.54								2503.08		LHC	Medicare	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	United	United	1871.51								2503.08		United	United	1871.51							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Wellcare	Wellcare	803.54								2503.08		Wellcare	Wellcare	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Wellcare	Medicaid	761.94								2503.08		Wellcare	Medicaid	761.94	30.44						237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Commercial	1311.38								2503.08		Aetna	Commercial	1311.38							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Corrections	Corrections	2002.46								2503.08		Corrections	Corrections	2002.46	80							237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	First Trenton	First Trenton	291.06								2503.08		First Trenton	First Trenton	291.06	90							237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Better Health	984.25								2503.08		Aetna	Better Health	984.25	30.44							237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Wellcare	803.54								2503.08		Aetna	Wellcare	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	HMO/PPD	216.71								2503.08		Aetna	HMO/PPD	216.71	65							237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	NJ Health	188.61								2503.08		Horizon	NJ Health	188.61								237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Aetna	Medicare	803.54								2503.08		Aetna	Medicare	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	Medicare Blue	803.54								2503.08		Horizon	Medicare Blue	803.54							237.93		237.93 other	
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Horizon	Idemity	154.85								2503.08		Horizon	Idemity	154.85								237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both	92407	Managed Care Inc	Managed Care Inc	228.09								2503.08		Managed Care Inc	Managed Care Inc	228.09	90							237.93		237.93 other
HC NJ ANESTH FEMO NRV	both	64450	both																										

eservice	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	code_type	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogsincash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amt	standard_charginum	standard_chargemsg	standard_chargemsgtechnology	additional_generic_notes		
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Aetna	Commercial	1685.89		1687.41	300	3000.71	300	3000.71	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Horizon	PPA	1989.89		950.78	300	3000.71	300	3000.71	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Multplan	Multplan	2324.25	80		300	3000.71	300	3000.71	percent of total billed charges		
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Qualicare	Qualicare	2376.09	80		300	3000.71	300	3000.71	percent of total billed charges		
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Horizon	Medicaid	1033.02			863.5	300	3000.71	300	3000.71	other	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Managed Care Inc	Managed Care Inc	2081.31	90		300	3000.71	300	3000.71	percent of total billed charges		
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Corrections	Corrections	2634.5	80		300	3000.71	300	3000.71	percent of total billed charges		
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	LHC	LHC	1033.02			780.31	300	3000.71	300	3000.71	other	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Horizon	MGD	1998.89			1906.12	300	3000.71	300	3000.71	other	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	United	Outd	187.51			1524.45	300	3000.71	300	3000.71	case rate	
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Three Rivers	Three Rivers	2029.71	95		300	3000.71	300	3000.71	percent of total billed charges		
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Horizon	NJ Health	365.17			92.74	300	3000.71	300	3000.71	fee schedule	
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Horizon	Indemnity	196.89			907.22	300	3000.71	300	3000.71	other	Payment-specific negotiated charge calculated as a percent of the Medicare value
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	LHC	Medicaid	104.38	30.44		838.14	300	3000.71	300	3000.71	percent of total billed charges	
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Wellcare	Medicaid	96.38	30.44		993.33	300	3000.71	300	3000.71	percent of total billed charges	
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	United	Commercial/PPD	187.51			300	3000.71	300	3000.71	case rate		
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	Wellcare	Medicaid	1033.02			300	3000.71	300	3000.71	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC NJ FORAMEN EPIDURAL L5 LVL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64483	HC NJ FORAMEN EPIDURAL L5 LVL			3168.12	1187.97	WellPar	WellPar	963.38	11.04		948.85	300	3000.71	300	3000.71	percent of total billed charges	
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	First Health	First Health	2066.32	80		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Aetna	Better Health	89.41	30.44		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Aetna	HIQ/PPD	300			100.05	3000.71	3000.71	2976.72	fee schedule		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Aetna	Commercial	1116.29			100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Corrections	Corrections	2350.08	38		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Aetna	Medicare	964.78	30.8		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	First Trient	First Trient	2603.84	90		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Horizon	PPD	1124.51	38.28		861.6	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Horizon	NJ Health	100.05			119.47	3000.71	3000.71	2976.72	fee schedule		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Aetna	Aetna	1000.2	75		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Horizon	Medicare Blue	881.28	30		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Horizon	MGD	1124.51	38.28		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	United	Commercial/PPD	1935.46			100.05	3000.71	3000.71	2976.72	case rate		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Horizon	Indemnity	1124.51	38.28		924.66	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Managed Care Inc	Managed Care Inc	2642.94	90		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Consumer	Consumer	2709.72	80		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Multplan	Multplan	2350.08	80		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	United	Outd	185.66			1563.25	3000.71	3000.71	2976.72	case rate		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Wellcare	Medicaid	941.83	30.44		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	WellPar	WellPar	911.83	11.04		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Three Rivers	Three Rivers	2029.72	95		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC NJ FORAMEN EPIDURAL EA ADDL	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64484	HC NJ FORAMEN EPIDURAL EA ADDL			2537.6	2537.6	Qualicare	Qualicare	2203.2	75		100.05	3000.71	3000.71	2976.72	percent of total billed charges		
HC TAP BLOCK UNILATERAL BY INJECT	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64486	HC TAP BLOCK UNILATERAL BY INJECT			1353.54	1353.54	LHC	Medicaid	884.21	30.44		833.35	3000.71	3000.71	2976.72	percent of total billed charges		
HC TAP BLOCK UNILATERAL BY INJECT	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64486	HC TAP BLOCK UNILATERAL BY INJECT			1353.54	1353.54	Multplan	Multplan	1082.83	80		125	3000.71	3000.71	1835.46	percent of total billed charges		
HC TAP BLOCK UNILATERAL BY INJECT	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64486	HC TAP BLOCK UNILATERAL BY INJECT			1353.54	1353.54	Aetna	Aetna	1015.16	75		125	3000.71	3000.71	1835.46	percent of total billed charges		
HC TAP BLOCK UNILATERAL BY INJECT	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64486	HC TAP BLOCK UNILATERAL BY INJECT			1353.54	1353.54	Consumer	Consumer	1266.86	95		125	3000.71	3000.71	1835.46	percent of total billed charges		
HC TAP BLOCK UNILATERAL BY INJECT	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64486	HC TAP BLOCK UNILATERAL BY INJECT			1353.54	1353.54	Aetna	Medicare	1186.89	125		125	3000.71	3000.71	1835.46	percent of total billed charges		
HC TAP BLOCK UNILATERAL BY INJECT	2025-09-17	21.0	University Hospital	University Hq 150 Bergen St	31019 N	outpatient	64486	HC TAP BLOCK UN																

University Hospital	last_updated_on	version	hospital_location_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/cosmet_cash	payer_name	plan_name	standard_charged/negotiated_dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_chargin	standard_chargemx	standard_chargemx/hcology	additional_generic_notes	
University Hospital	2025-04-17	2.0.0	310119		code	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/cosmet_cash	payer_name	plan_name	standard_charged/negotiated_dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_chargin	standard_chargemx	standard_chargemx/hcology	additional_generic_notes	
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	Medicare Blue	Consumer	250.39	95	997.98	997.98	Medicare Blue	Consumer	250.39	95	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	United	Consumer	1635.46	95	997.98	997.98	United	Consumer	1635.46	95	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	Three Rivers	Three Rivers	919.58	95	997.98	997.98	Three Rivers	Three Rivers	919.58	95	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	Managed Care Inc	Managed Care Inc	871.18	90	997.98	997.98	Managed Care Inc	Managed Care Inc	871.18	90	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	Horton	NJ Health	96.7	90	997.98	997.98	Horton	NJ Health	96.7	90	997.98	34.51	997.98	1835.46	fee schedule		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	United	Oxford	1835.46	95	997.98	997.98	United	Oxford	1835.46	95	997.98	997.98	997.98	1835.46	case rate		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	WellPoint	WellPoint	204.65	31.04	997.98	997.98	WellPoint	WellPoint	204.65	31.04	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	Wellcare	Medicaid	264.65	30.44	997.98	997.98	Wellcare	Medicaid	264.65	30.44	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	Multplan	Multplan	770.38	30.44	997.98	997.98	Multplan	Multplan	770.38	30.44	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.DT>=3.LVL	64492	CPT	outpatient	997.98	997.98	Quintcare	Quintcare	325.99	75	997.98	997.98	Quintcare	Quintcare	325.99	75	997.98	997.98	997.98	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Amerihealth	Medicare	1033.02	30.44	3193.62	1187.97	Amerihealth	Medicare	1033.02	30.44	3193.62	1187.97	3193.62	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	First Trenton	First Trenton	2841.26	80	3193.62	1187.97	First Trenton	First Trenton	2841.26	80	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Corrections	Corrections	2554.6	80	3193.62	1187.97	Corrections	Corrections	2554.6	80	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Aetna	Better Health	972.14	30.44	3193.62	1187.97	Aetna	Better Health	972.14	30.44	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Aetna	Commercial	1665.89	52	3193.62	1187.97	Aetna	Commercial	1665.89	52	3193.62	692.39	264.16	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	United	Commercial	1871.51	58	3193.62	1187.97	United	Commercial	1871.51	58	3193.62	1187.97	3193.62	1835.46	case rate		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Horizon	MED	1968.89	61	3193.62	1187.97	Horizon	MED	1968.89	61	3193.62	1187.97	3193.62	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	First Health	First Health	2203.53	70	3193.62	1187.97	First Health	First Health	2203.53	70	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Horizon	NJ Health	14.16	95	3193.62	1187.97	Horizon	NJ Health	14.16	95	3193.62	1187.97	3193.62	1835.46	fee schedule		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Horizon	PRO	1968.89	61	3193.62	1187.97	Horizon	PRO	1968.89	61	3193.62	1187.97	3193.62	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Horizon	Medicare	1033.02	30.44	3193.62	1187.97	Horizon	Medicare	1033.02	30.44	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Aetna	Medicare	1033.02	30.44	3193.62	1187.97	Aetna	Medicare	1033.02	30.44	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Amerihealth	Amerihealth	2365.22	75	3193.62	1187.97	Amerihealth	Amerihealth	2365.22	75	3193.62	1187.97	3193.62	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	WellPoint	WellPoint	891.7	31.04	3193.62	1187.97	WellPoint	WellPoint	891.7	31.04	3193.62	1187.97	918.76	264.16	1835.46	percent of total billed charges	
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Horizon	Medicare Blue	1033.02	30.44	3193.62	1187.97	Horizon	Medicare Blue	1033.02	30.44	3193.62	1187.97	987.54	264.16	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Horizon	Indemnity	1968.89	61	3193.62	1187.97	Horizon	Indemnity	1968.89	61	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Managed Care Inc	Managed Care Inc	2874.29	90	3193.62	1187.97	Managed Care Inc	Managed Care Inc	2874.29	90	3193.62	1187.97	3193.62	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Amerihealth	HMO/PRO	300	95	3193.62	1187.97	Amerihealth	HMO/PRO	300	95	3193.62	1075.56	264.16	1835.46	fee schedule		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	UHC	Medicaid	97.14	30.44	3193.62	1187.97	UHC	Medicaid	97.14	30.44	3193.62	738.15	264.16	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Multplan	Multplan	655.46	20.4	3193.62	1187.97	Multplan	Multplan	655.46	20.4	3193.62	997.98	264.16	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Consumer	Consumer	3033.94	95	3193.62	1187.97	Consumer	Consumer	3033.94	95	3193.62	997.98	264.16	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Quintcare	Quintcare	2365.22	75	3193.62	1187.97	Quintcare	Quintcare	2365.22	75	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Three Rivers	Three Rivers	919.58	95	3193.62	1187.97	Three Rivers	Three Rivers	919.58	95	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	United	Oxford	1871.51	58	3193.62	1187.97	United	Oxford	1871.51	58	3193.62	1180.07	264.16	1835.46	case rate		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Wellcare	Medicaid	972.14	30.44	3193.62	1187.97	Wellcare	Medicaid	972.14	30.44	3193.62	1187.97	3193.62	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64493	CPT	outpatient	3193.62	1187.97	Wellcare	Medicare	1033.02	30.44	3193.62	1187.97	Wellcare	Medicare	1033.02	30.44	3193.62	1187.97	3193.62	1835.46	percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Amerihealth	HMO/PRO	300	326	997.98	997.98	Amerihealth	HMO/PRO	300	326	997.98	326	103.63	1835.46	fee schedule		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Horizon	Indemnity	370.54	38.28	997.98	997.98	Horizon	Indemnity	370.54	38.28	997.98	370.54	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Aetna	Medicare	264.14	30.8	997.98	997.98	Aetna	Medicare	264.14	30.8	997.98	259.83	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Amerihealth	Amerihealth	725.99	73	997.98	997.98	Amerihealth	Amerihealth	725.99	73	997.98	725.99	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Better Health	Better Health	325.46	32.44	997.98	997.98	Better Health	Better Health	325.46	32.44	997.98	325.46	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	First Trenton	First Trenton	871.18	90	997.98	997.98	First Trenton	First Trenton	871.18	90	997.98	997.98	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Corrections	Corrections	774.38	80	997.98	997.98	Corrections	Corrections	774.38	80	997.98	997.98	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Commercial	Commercial	191.83	38	997.98	997.98	Commercial	Commercial	191.83	38	997.98	209.86	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Horizon	NJ Health	130.63	13.063	997.98	997.98	Horizon	NJ Health	130.63	13.063	997.98	43.11	130.63	1835.46	fee schedule		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Wellcare	Medicaid	264.65	30.44	997.98	997.98	Wellcare	Medicaid	264.65	30.44	997.98	997.98	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	First Health	First Health	277.59	70	997.98	997.98	First Health	First Health	277.59	70	997.98	997.98	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Horizon	Medicare Blue	260.39	30.26	997.98	997.98	Horizon	Medicare Blue	260.39	30.26	997.98	35.26	130.63	1835.46	percent of total billed charges		
HC INJ PARAEF.F.INT.LVL	64494	CPT	outpatient	997.98	997.98	Consumer	Consumer	3033.94	95	997.98	99											









id	description	unit	code	type	status	start_date	end_date	effective_date	unit_of_measurement	drug_type_of_measurement	standard_chargemsg	standard_chargemsgid	cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_chargemsg	standard_chargemsgid	standard_chargemsgid	standard_chargemsgid	standard_chargemsgid	standard_chargemsgid	additional_generic_notes
66466	HC CHEMDYN TRNK MSCL 1.5 MSCLS	outpatient	258672	CPT	active				924.07	WellPant	602.92			WellPant		11.04			131.75							
66466	HC CHEMDYN TRNK MSCL 1.5 MSCLS	outpatient	258672	CPT	active				924.07	Corrections	269.39			Corrections					131.75							
66466	HC CHEMDYN TRNK MSCL 1.5 MSCLS	outpatient	258672	CPT	active				924.07	United	187.151			Commercial/PPD					131.75							
66466	HC CHEMDYN TRNK MSCL 1.5 MSCLS	outpatient	258672	CPT	active				924.07	Quaker	190.04			Quaker					131.75							
66466	HC CHEMDYN TRNK MSCL 1.5 MSCLS	outpatient	258672	CPT	active				924.07	Managed Care Inc	154.85			Managed Care Inc					131.75							
66466	HC CHEMDYN TRNK MSCL 1.5 MSCLS	outpatient	258672	CPT	active				924.07	Horizon	154.85			Horizon					131.75							Payor-specific negotiated charge calculated as a percent of the Medicare value
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Three Rivers	247.38			Three Rivers					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Corrections	209.96			Corrections					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	AnerHealth	83.54			Medicare					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Aetna	80.54			Medicare					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Aetna	131.38			Commercial					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	American	183.43			Commercial					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Multplan	209.96			Multplan					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Aetna	131.38			Commercial					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	American	183.43			Commercial					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Consumer	241.77			Consumer					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	154.85			Horizon					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	154.85			Horizon					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	AnerHealth	83.54			HMO/PPD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	154.85			MGD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Quaker	190.04			Quaker					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	LHC	80.54			Medicare					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	First Trenton	228.43			First Trenton					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	First Health	177.09			First Health					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	151.9			NJ Health					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	LHC	77.78			Medicaid					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Wellcare	77.78			Medicaid					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Wellcare	83.54			Medicaid					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Managed Care Inc	228.43			Managed Care Inc					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	154.85			PPD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Three Rivers	241.77			Three Rivers					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	United	187.151			Commercial/PPD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	United	187.151			Oxford					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	WellPant	788.01			WellPant					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Aetna	298.89			Commercial/PPD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	First Trenton	286.27			First Trenton					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Consumer	302.45			Consumer					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Quaker	190.04			Quaker					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	AnerHealth	80.1			Medicare					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	AnerHealth	103.02			Medicare					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	159.89			Horizon					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Corrections	254.9			Corrections					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	First Health	223.54			First Health					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Aetna	193.89			Commercial					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	103.02			Medicare Blue					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	AnerHealth	237.72			Medicaid					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	LHC	199.89			Medicaid					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	AnerHealth	80.1			HMO/PPD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	LHC	560			Medicaid					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Multplan	254.9			Medicaid					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Managed Care Inc	286.27			Managed Care Inc					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	154.85			MGD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	United	187.151			Commercial/PPD					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Three Rivers	241.77			Three Rivers					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	WellPant	788.01			WellPant					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Horizon	159.89			Horizon					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	First Trenton	286.27			First Trenton					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Consumer	302.45			Consumer					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	Quaker	190.04			Quaker					131.75							
66467	HC CHEMODENATION OF TRUNK OR MORE MUSCLES	outpatient	25387	CPT	active				924.07	AnerHealth	80.1															

















description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
code	code	2025-09-17	2.0.0	hospital	license															
code	code	0001	0001	University Hospital	University Hospital 150 Bergen St	31019 true														
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	First Trenton	First Trenton			888.82					90					1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Horizon	PPD			671.15										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Amerihealth	Medicare			300.55										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Aetna	Better Health			300.55					30.44					1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Amerihealth	Multiplan PPO			300										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Multiplan	Multiplan			789.89										1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Aetna	Commercial			566.06										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Consumer	Consumer			607.99					95					1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Managed Care Inc	Managed Care Inc			888.82					90					1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	LHC	Medicare			346.85										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Horizon	Multiplan			646.85										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	American	American			740.52					75					1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	First Health	First Health			697.15										1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Quicare	Quicare			603.52										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	LHC	Medicaid			300.55										1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Corrections	Corrections			789.89					30.44					1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Wellcare	WellCare			600.55					30.44					1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	United	CommerciaPPO			1835.46										1835.46 case rate	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	United	Oxford			1835.46										1835.46 other	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Horizon	Indemnity			607.15							603.41			1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Wellcare	Medicare			346.85										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	WellPoint	WellPoint			604.88										1835.46 percent of total billed charges	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Horizon	MGD			671.15										1835.46 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Horizon	NJ Health			565.08										1835.46 fee schedule	
HC CRYO FOR TEAR LATTICE	67141	CPT	outpatient	388.88	Three Rivers	Three Rivers			607.99										1835.46 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Aetna	Better Health			600.79					30.44					1875.02 other	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	Medicare Blue			636.55										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Aetna	Commercial			600.86										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Aetna	Medicare			636.55										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Wellcare	Medicare			636.55										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	Commercia			1231.72										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Amerihealth	Medicare			636.55										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	PPD			1231.72										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	American	American			1489.28										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Multiplan	Multiplan			1578.96										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Consumer	Consumer			1835.02										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Amerihealth	HIQPO PPO			300										1875.02 fee schedule	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	First Trenton	First Trenton			1776.33										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	Quicare			1231.72										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Corrections	Corrections			1578.96										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	United	Oxford			1871.51										1875.02 case rate	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Managed Care Inc	Managed Care Inc			1783.93										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Quicare	Quicare			1489.28										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	NJ Health			488.77										1875.02 fee schedule	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	First Health	First Health			607.15										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Three Rivers	Three Rivers			1875.02										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	LHC	Medicare			600.79										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	WellPoint			1474.44										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	United	CommerciaPPO			1871.51										1875.02 case rate	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	LHC	Medicaid			600.79										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Wellcare	Medicare			607.99										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	PPD			1231.72										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	American	American			1489.28										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Multiplan	Multiplan			1578.96										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Consumer	Consumer			1835.02										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Amerihealth	HIQPO PPO			300										1875.02 fee schedule	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	First Trenton	First Trenton			1776.33										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	Quicare			1231.72										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Corrections	Corrections			1578.96										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	United	Oxford			1871.51										1875.02 case rate	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Managed Care Inc	Managed Care Inc			1783.93										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Quicare	Quicare			1489.28										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	NJ Health			488.77										1875.02 fee schedule	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	First Health	First Health			607.15										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Three Rivers	Three Rivers			1875.02										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	LHC	Medicare			600.79										1875.02 other	Pager-specific negotiated charge calculated as a percent of the Medicare value
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Horizon	WellPoint			1474.44										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	United	CommerciaPPO			1871.51										1875.02 case rate	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	LHC	Medicaid			600.79										1875.02 percent of total billed charges	
HC LASER - RETINAL BREAK	67145	CPT	outpatient	723.03	Wellcare	Medicare			607.99										1875.02 percent of total billed charges	



University Hospital	last_updated_on	version	hospital_location_address_name_runTo	best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	3/31/19 true	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegrossincluded_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetmax	standard_charginetmin	standard_charginetmin	additional_generic_notes
code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 Horizon	NJ Health				12917.4							412.84	650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 UHC	Medicaid				12917.4								650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 Horizon	Medicare Blue				12917.4				30.44				650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 WellCare	Medicare				12917.4								418.13	650			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 Managed Care Inc	Managed Care Inc				12917.4								650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 United	CommerciaPPO				12917.4				90				650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 Horizon	PPG				12917.4								650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 WellCare	Medicare				12917.4								650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 Horizon	PPG				12917.4								650				
HC ORBITOTOMY	67400	CPT	12917.4	5031.91 WellCare	WellPart				12917.4								11.04				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	12917.4	5031.91 United	CommerciaPPO				12917.4								605.77				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Aetna	Commercial				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 First Health	First Health				9424.8								70				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8				80				799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	MDG				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Amerihealth	Medicare				9424.8								30.44				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellPart	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare Blue				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	Medicare				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 American	American				9424.8								75				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Amerihealth	HMO/PPG				9424.8								800				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8								75				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	Medicare				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	NJ Health				9424.8								382.94				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Consumer	Consumer				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 United	United				9424.8								95				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8								30.44				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	PPG				9424.8								528.01				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 United	CommerciaPPO				9424.8								289.28				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 First Health	First Health				9424.8								90				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare Blue				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellPart	WellPart				9424.8								11.04				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	Medicare				9424.8								30.44				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare Blue				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	Medicare				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 American	American				9424.8								75				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Amerihealth	HMO/PPG				9424.8								800				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8								75				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	NJ Health				9424.8								382.94				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Consumer	Consumer				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 United	United				9424.8								95				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8								30.44				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	PPG				9424.8								528.01				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 United	CommerciaPPO				9424.8								289.28				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 First Health	First Health				9424.8								90				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare Blue				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellPart	WellPart				9424.8								11.04				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	Medicare				9424.8								30.44				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare Blue				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellPart	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	Medicare				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 American	American				9424.8								75				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Amerihealth	HMO/PPG				9424.8								800				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	Medicare				9424.8								75				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Horizon	NJ Health				9424.8								382.94				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 Consumer	Consumer				9424.8								799.57				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 United	United				9424.8								95				
HC ORBITOTOMY WITH DRAINAGE ONLY	67405	CPT	9424.8	3113.03 WellCare	WellPart				9424.8								799.57		</		



hospital_name	last_updated_on_version	hospital_location_address_line_num10	best_of_the_knowledge_and_belief	the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50,	and_the_information_encoded_is_true,	accurate,	and_complete_as_of_the_data_entry_date
University Hospital	2025-09-17 21.0	1000 University Ave	31019 true				
description	code1	code2/type	code3/type	code4/type	code5/type	code6/type	code7/type
HC CHAZON EXCISION SINGLE	67800	CPT	outpatient	987.30	388.88 United	Outlord	1835.46
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Horizon	Medicare Blue	1132.82
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Anesthesia	HMO/PPD	152
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Aetna	Better Health	987.30
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Corrections	Corrections	104.46
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Aetna	Commercial	184.07
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 First Trenton	First Trenton	2919.24
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Horizon	Medicare	1132.82
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 United	United	2977.79
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 First Health	First Health	2270.92
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 UHC	Medicare	1132.82
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Horizon	Indemnity	2149.59
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Anesthesia	Medicare	1132.82
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Horizon	NJ Health	151.56
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Horizon	MGD	2149.59
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Multicare	Multicare	2948.48
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Consumer	Consumer	3081.42
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Medicare	Medicaid	987.30
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Horizon	PPO	2149.59
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Managed Care Inc	Managed Care Inc	2919.24
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Quakere	Quakere	2432.7
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Three Rivers	Three Rivers	3081.42
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 UHC	Medicaid	987.30
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 Medicare	Medicare	1132.82
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 United	Commercial/PPD	2967.79
HC CHAZON EXC MULT SAME LID	67801	CPT	outpatient	3243.6	1202.39 WellPoint	WellPoint	1006.81
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Anesthesia	Commercial	666.06
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Corrections	Corrections	789.89
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Aetna	Medicare	304.11
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Aetna	Better Health	910.55
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Anesthesia	American	740.52
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Consumer	Consumer	937.99
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Anesthesia	Medicare	666.06
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 First Health	First Health	691.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Anesthesia	HMO/PPD	125
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	NJ Health	165.89
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 UHC	Medicaid	300.55
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	PPO	2149.59
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	MGD	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Multicare	Multicare	789.89
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 First Trenton	First Trenton	2968.62
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 WellPoint	WellPoint	308.48
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 UHC	Medicare	346.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Quakere	Quakere	310.52
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 United	Commercial/PPD	1535.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Medicare	Medicare	300.55
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Indemnity	Indemnity	2115.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Medicare	Medicare	346.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 United	Outlord	1835.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	Medicare Blue	66.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Managed Care Inc	Managed Care Inc	888.62
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Three Rivers	Three Rivers	937.99
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Anesthesia	HMO/PPD	125
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Aetna	Commercial	566.06
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Anesthesia	Medicare	666.06
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Consumer	Consumer	937.99
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 First Trenton	First Trenton	888.62
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Aetna	Better Health	844.11
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 UHC	Medicare	346.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Aetna	Better Health	300.55
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 First Health	Indemnity	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	Indemnity	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Quakere	Outlord	740.52
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Corrections	Corrections	789.89
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	PPO	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	Multicare	889.89
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 United	Commercial/PPD	1535.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Anesthesia	American	740.52
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Medicare	Medicaid	300.55
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	Medicare Blue	346.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 UHC	Medicaid	300.55
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	NJ Health	65.83
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Medicare	Medicare	346.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Horizon	MGD	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 United	Outlord	1535.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Managed Care Inc	Managed Care Inc	888.62
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 WellPoint	WellPoint	308.48
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	387.30	388.88 Three Rivers	Three Rivers	937.99
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Aetna	Better Health	183.81
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 First Trenton	First Trenton	542.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Aetna	Commercial	244.1
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Anesthesia	HMO/PPD	125
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Consumer	Consumer	573.65
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Corrections	Corrections	483.07
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Anesthesia	American	422.88
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 First Health	First Health	422.89
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Medicare	Medicare	149.57
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Managed Care Inc	Managed Care Inc	543.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Aetna	Better Health	649.57
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Anesthesia	Medicare	149.57
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Horizon	Medicare Blue	64.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Horizon	MGD	289.42
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Horizon	Indemnity	289.42
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 WellPoint	WellPoint	474.43
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Three Rivers	Three Rivers	573.65
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Multicare	Multicare	483.07
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 UHC	Medicaid	383.81
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 United	Outlord	1835.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Quakere	Quakere	452.88
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 UHC	Medicaid	149.57
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 United	Commercial/PPD	1835.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	603.84	172.01 Medicare	Medicaid	183.81
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Anesthesia	American	751.66
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Consumer	Consumer	937.99
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Horizon	Medicare Blue	346.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Aetna	Medicare	73.08
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Anesthesia	American	666.06
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 First Trenton	First Trenton	901.99
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Aetna	Commercial	566.06
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Anesthesia	Better Health	844.11
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Anesthesia	HMO/PPD	125
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Corrections	Corrections	801.77
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 UHC	Medicare	346.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 First Health	First Health	701.55
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Horizon	MGD	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Horizon	NJ Health	73.08
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Medicare	Medicaid	300.57
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Multicare	Multicare	801.77
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 UHC	Medicaid	300.57
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Horizon	Indemnity	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Medicare	Medicare	646.85
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Quakere	Quakere	751.66
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 United	Commercial/PPD	1835.46
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Managed Care Inc	Managed Care Inc	601.99
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Horizon	PPO	671.15
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1002.21	388.88 Three Rivers	Three Rivers	601.1
HC CHAZON EXC MULT DIFF LIDS	67805	CPT	outpatient	1			













University Hospital	last_updated_on	version	hospital_location	address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges_included_cash	payer_name	plan_name	standard_charges_included_dollar	standard_charges_included_percentage	standard_charges_included_algorithm	estimated_amount	standard_charges_in	standard_charges_in	standard_charges_in	standard_charges_in	standard_charges_in	additional_generic_notes			
code1	code2	code3	code4	code5	code6	code7	code8	code9	code10	code11	code12	code13	code14	code15	code16	code17	code18	code19	code20	code21	code22	code23			
HC INCISION DRAINAGE LACRIMAL SAC	68420	CPT	outpatient	68420	31103.03 UHC	Medicaid			2447.18				2447.18		30.44								116.85	7637.4 percent of total billed charges	
HC INCISION DRAINAGE LACRIMAL SAC	68420	CPT	outpatient	68420	31103.03 UHC	Medicaid			2760.98				2760.98											116.85	7637.4 percent of total billed charges
HC INCISION DRAINAGE LACRIMAL SAC	68420	CPT	outpatient	68420	31103.03 United	Commercial/PPD			1871.51				1871.51											116.85	7637.4 case rate
HC INCISION DRAINAGE LACRIMAL SAC	68420	CPT	outpatient	68420	31103.03 United	Outof			1871.51				1871.51											116.85	7637.4 case rate
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Aetna	Commercial			1035.55				1035.55		30.44									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Amerihealth	Amerihealth			740.52				740.52		75									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 First Health	First Health			125				125											58.46	1835.46 fee schedule
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	Horizon			368.48				368.48		31.04		296.5							58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	Horizon			691.15				691.15		70									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Corrections	Corrections			789.89				789.89		80									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Aetna	Commercial			568.06				568.06		95		496.59							58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Consumer	Consumer			937.99				937.99		95									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Aetna	Medicare			346.85				346.85				293.68							58.46	1835.46 case rate
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	Horizon			58.46				58.46											58.46	1835.46 fee schedule
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Amerihealth	Medicare			346.85				346.85											58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	Horizon			346.85				346.85		95									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Three Rivers	Three Rivers			937.99				937.99		95									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	MCO			71.15				71.15				503.47							58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 UHC	Medicaid			300.55				300.55		30.44		290.69							58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 First Trenton	First Trenton			888.62				888.62		90									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	PPD			71.15				71.15											58.46	1835.46 case rate
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	Identify			67.15				67.15											58.46	1835.46 other
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Multicare	Multicare			389.89				389.89		80									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Horizon	Medicare Blue			346.85				346.85											58.46	1835.46 other
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 UHC	Medicare			346.85				346.85											58.46	1835.46 other
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 United	Commercial/PPD			1035.55				1035.55											58.46	1835.46 case rate
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Quaker	Quaker			740.52				740.52		75									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Managed Care Inc	Managed Care Inc			888.62				888.62		90									58.46	1835.46 percent of total billed charges
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Wellcare	Wellcare			568.06				568.06											58.46	1835.46 other
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 United	Outof			1835.46				1835.46											58.46	1835.46 case rate
HC PUNCTOLASTY	68440	CPT	outpatient	68440	388.88 Wellcare	Wellcare			568.06				568.06		30.44									58.46	1835.46 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 First Health	First Health			609.76				609.76		75									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 American	American			6029.53				6029.53		75									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Consumer	Consumer			7637.4				7637.4		95									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 First Trenton	First Trenton			6431.5				6431.5		80									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Multicare	Multicare			6431.5				6431.5		90									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Aetna	Commercial			4417.79				4417.79											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Aetna	Bestor Health			2447.78				2447.78		30.44									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 UHC	Medicare			2706.98				2706.98											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Horizon	Identify			5230.81				5230.81											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Amerihealth	HMOPPO			300				300											109.62	7637.4 fee schedule
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Corrections	Corrections			6431.5				6431.5		80									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Managed Care Inc	Managed Care Inc			7230.81				7230.81		80									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Quaker	Quaker			6029.53				6029.53		75									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Aetna	Medicare			2706.98				2706.98											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Horizon	MCO			629.81				629.81											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Wellcare	Wellcare			2706.98				2706.98		95									109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Three Rivers	Three Rivers			7637.4				7637.4											109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Amerihealth	Medicare			2706.98				2706.98											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 United	Outof			2706.98				2706.98											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 UHC	Medicaid			2447.18				2447.18		30.44									109.62	7637.4 case rate
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Horizon	PPD			5230.81				5230.81											109.62	7637.4 other
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 United	Commercial/PPD			2893.28				2893.28											109.62	7637.4 case rate
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 Horizon	NJ Health			193.62				193.62											109.62	7637.4 fee schedule
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 WellPart	WellPart			253.93				253.93		30.44									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 WellPart	First Health			572.42				572.42		31.04									109.62	7637.4 percent of total billed charges
HC BIOPSY LACRIMAL GLAND	68510	CPT	outpatient	68510	31103.03 UHC																				













hospital_name	last_updated_on	version	hospital_location	address_line_1	address_line_2	city	state	zip	country	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsgs	standard_chargemsgs_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_smc35	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	additional_generic_notes		
University Hospital	2025-09-17	2.0.0	1001	1001																						
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	First Health	First Health	2143.43																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Horizon	Intersity	542.71																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Aetna	Commercial	527.73																Pager-specific negotiated charge calculated as a percent of the Medicare value		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	American	American	2266.53																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Consumer	Consumer	2908.28																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Aetna	Better Health	932.08																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Managed Care Inc	Managed Care Inc	2705.84																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Aetna	Intersity	294.5																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Multplan	Multplan	2445.63																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Horizon	Medicare Blue	26.47																	Pager-specific negotiated charge calculated as a percent of the Medicare value	
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Aetna	Commercial	280.47																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Horizon	MID	542.71																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Corrections	Corrections	240.67																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	LHC	LHC	922.08																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Horizon	MD	542.71																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Quatec	Quatec	2266.53																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Horizon	NJ Health	598																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Three Rivers	Three Rivers	2904.94																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	LHC	Medicare	26.47																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	WellPoint	WellPoint	952.46																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Horizon	WellPoint	62.71																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Horizon	WellPoint	531.77																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Wellcare	Medicaid	932.08																		
HC MIRI TEMPOROMANDIBULAR JOINT	70336	CPT	70336	302.04	32.54	Wellcare	Medicare	280.47																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Horizon	MID	197.7																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Aetna	Commercial	166.74																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	American	American	243.04																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Aetna	Medicare	103.22																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Aetna	Better Health	95.05																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Corrections	Corrections	300.3																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	First Trenton	First Trenton	292.84																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Aetna	Commercial	301.11																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Consumer	Consumer	301.11																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	LHC	Medicare	192.17																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Multplan	Multplan	380.3																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Aetna	HMO/PRO	13.64																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Aetna	Medicare Blue	102.17																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Horizon	NJ Health	197.7																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Wellcare	Medicare	102.17																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Horizon	NJ Health	197.7																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Wellcare	Medicaid	16.87																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Wellcare	Medicare Blue	102.17																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	WellPoint	WellPoint	101																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Quatec	Quatec	244.04																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Horizon	Intersity	197.7																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	First Health	First Health	227.77																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Managed Care Inc	Managed Care Inc	292.84																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	LHC	Medicaid	60.85																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Three Rivers	Three Rivers	243.04																		
HC CEPHALOGRAM ORTHODONTIC	70350	CPT	70350	325.38	117.5	Aetna	Better Health	95.05																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Horizon	Medicare	300.3																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	American	American	244.04																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	First Health	First Health	227.77																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Aetna	HMO/PRO	2.94																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Multplan	Multplan	380.3																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Consumer	Consumer	301.11																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Aetna	Commercial	166.74																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Aetna	Medicare	102.17																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Quatec	Quatec	244.04																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Aetna	Medicare	102.17																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	First Trenton	First Trenton	292.84																		
HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS)	70355	CPT	70355	325.38	117.5	Horizon	Intersity	197																		

hospital_name	last_updated_on	version	hospital_location	address_line1	address_line2	city	state	zip	is_active	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemodifier	standard_chargedtoaccount	cash	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	standard_amount	standard_chargin	standard_chargemix	standard_chargemethodology	additional_generic_notes
University Hospital	2025-09-17	2.0.0	corral	1501	19179	Begon	SD	57019	true															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Amneahlth	HMO/PO	202.12																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Adena	Better Health	1165.07	30.44															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	First Trenton	WellPant	3029.39	90															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Horizon	Medicare Blue	206.56																Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Three Rivers	WellPant	3029.39	90															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Horizon	First Health	2148.19	70															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Quakere	Quakere	294.49																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Aetna	Commercial	327.11																Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Horizon	NU Health	336.73																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Horizon	MGD	399.69																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Horizon	Identimly	399.69																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	UHC	Medicaid	1195.07	30.44															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	UHC	Medicare	206.56																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Wellcare	Medicare Blue	206.56																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Wellcare	Medicaid	1195.07	30.44															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Horizon	PPD	399.69																
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	Managed Care Inc	Managed Care Inc	3029.39	90															
HC CT HEADBRN WOV CONTRAST	76470	CPT	both	3025.98	27.54	WellPant	WellPant	1218.62	31.04															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Horizon	MGD	238.76																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	First Health	First Health	238.76																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	American	American	302.45																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	American	Better Health	1529.28	30.44															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Amneahlth	HMO/PO	149.42																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Wellcare	Medicaid	1929.28	30.44															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Aetna	Commercial	123.39																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	UHC	Medicare	61.58																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Horizon	PPD	238.76																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Horizon	NU Health	395.5																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	First Trenton	First Trenton	470.93	90															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Wellcare	Medicare	123.39																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Wellcare	Medicaid	439.61																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	UHC	Medicaid	1939.52	30.44															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Aetna	Medicare	123.39																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	WellPant	WellPant	152.42																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Quakere	Quakere	302.45																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Horizon	Identimly	238.76																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Amneahlth	Medicare	123.39																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Three Rivers	Three Rivers	497.1	95															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Consumer	Consumer	497.1																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Corrections	Corrections	416.61	80															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Horizon	Medicare Blue	123.39																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76480	CPT	both	523.26	14.19	Managed Care Inc	Managed Care Inc	123.39																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Horizon	MGD	399.69																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Aetna	Medicare	206.56																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Quakere	Quakere	206.56																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Amneahlth	HMO/PO	173.8																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Consumer	Consumer	1039.74	95															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Horizon	NU Health	133.15																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	American	American	820.85																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	UHC	Medicaid	333.15																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Wellcare	Medicare Blue	206.56																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Amneahlth	Medicare	206.56																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	UHC	Medicaid	173.85																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	First Health	First Health	76.12																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Horizon	Identimly	87.57																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Aetna	Commercial	327.11																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Horizon	PPD	399.69																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Horizon	Identimly	399.69																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	WellPant	WellPant	439.72																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	First Trenton	First Trenton	985.01	90															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Wellcare	Medicaid	333.15																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	UHC	Medicaid	61.58																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Multilan	Multilan	875.57	30.44															
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54	Managed Care Inc	Managed Care Inc	985.01																
HC CT ORBIT SELLAPOST FOSSEAR WO CONTRAST	76481	CPT	both	1094.46	27.54																			









University Hospital	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	codeid	codeid/type	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross/cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargin	standard_charginms	standard_charginmethodology	additional_generic_notes
University Hospital	2025-09-17	2.0.0	University Hosp 150 Bergen St	310119	3044	both	both				33354	10153	17.5 Aetna	Better Health	30.44	30.44				316.86	other	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Americare	Americare	235.16	75										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 First Health	First Health	235.16	75										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Horizon	Medicare Blue	102.17	30.44										316.86	other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Consumer	Consumer	167.74	95										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Aetna	Commercial	167.74											316.86	other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 UHC	Medicaid	101.53	30.44										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 UHC	Medicaid	101.53	30.44										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Amerhealth	HMO/PRO	218.8	65										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 First Trenton	First Trenton	300.19	60										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Corrections	Corrections	268.83	80										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Aetna	Medicare	102.17	30.44										316.86	other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Multplan	Multplan	206.83	80										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Managed Care Inc	Managed Care Inc	206.83	80										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Horizon	Indemnity	197.7											316.86	other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Wellcare	Medicaid	101.53	30.44										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Wellcare	Medicaid	101.53	30.44										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Horizon	Three Rivers	316.86	95										316.86	percent of total billed charges	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Horizon	NU Health	101.53	30.44										316.86	fee schedule	
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Wellcare	Medicaid	101.53	30.44										316.86	other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 Horizon	PPD	197.7											316.86	other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 3 VIEWS	71047	CPT	both			33354	17.5 WellPoint	WellPoint	103.33	31.04										316.86	percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Consumer	Consumer	485.47	95										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Aetna	Medicare	197.39	30.8										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Aetna	Commercial	201.17	30.8										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 First Trenton	First Trenton	459.92	90										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Aetna	Better Health	165.55	30.44										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 UHC	Medicaid	101.53	30.44										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Americare	Americare	383.27	75										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Amerhealth	Medicare	133.39	50.59										50.59	485.47 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Corrections	Corrections	409.82	80										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 First Health	First Health	307.71	70										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Amerhealth	HMO/PRO	322.16	65										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Horizon	MGD	197.7											50.59	485.47 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Wellcare	Medicare	123.39	50.59										50.59	485.47 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Wellcare	Medicaid	101.53	30.44										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Horizon	Three Rivers	459.92	95										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Managed Care Inc	Managed Care Inc	459.92	90										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Horizon	Indemnity	197.7											50.59	485.47 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 UHC	Medicare	123.39	50.59										50.59	485.47 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Multplan	Multplan	408.82	80										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Horizon	Medicare Blue	123.39	30.44										50.59	485.47 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Quicare	Quicare	383.27	75										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Horizon	NU Health	101.53	30.44										50.59	485.47 fee schedule	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Horizon	PPD	197.7											50.59	485.47 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 WellPoint	WellPoint	158.82	31.04										50.59	485.47 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	1419 Amerhealth	HMO/PRO	204.6	20.46										50.59	192.16 fee schedule	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Consumer	Consumer	459.12	20.46										50.59	192.16 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Amerhealth	Medicare	102.17	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Aetna	Better Health	189.09	30.44										50.59	192.16 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Horizon	MGD	197.7	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Aetna	Commercial	167.74	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Horizon	Medicare Blue	102.17	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Quicare	Quicare	465.89	75										50.59	192.16 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 First Health	First Health	434.83	70										50.59	192.16 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Corrections	Corrections	464.94	80										50.59	192.16 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 UHC	Medicare	102.17	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Horizon	Indemnity	197.7	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Aetna	Medicare	102.17	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Horizon	PPD	197.7	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Aetna	Medicare	102.17	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Wellcare	Medicare	102.17	20.46										50.59	192.16 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 WellPoint	WellPoint	120.81	20.46										50.59	192.16 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 UHC	Medicaid	101.53	30.44										50.59	192.16 percent of total billed charges	
HC CHEST 4 V	71048	CPT	inpatient			51102	17.5 Horizon															







description	unit	last_updated_on	version	hospital_location	hospital_address_line_one	hospital_address_line_two	best_of_knowledge_and_belief	hospital_included_in_applicable_standard_charge_information	in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenr	standard_chargenr_desc	payer_name	plan_name	standard_chargenr_negotiated_dollar	standard_chargenr_negotiated_percentage	standard_chargenr_negotiated_algorithm	estimated_amount	standard_chargenr	standard_chargenr	standard_chargenr	standard_chargenr	standard_chargenr	additional_generic_notes
code	code	2025-09-17	2.0.0	University Hospital	University Hqs 199 Bergen St	31019 N																			
HC SC0015S 2 3 VIEWS, SURGICAL		72082	CPT	both	58523	1419	Horizon	NJ Health	WellPant			56.65	67.95						31.04	56.65	55.97	95.86	21.08	55.97 fee schedule	
HC SC0015S 2 3 VIEWS, SURGICAL		72082	CPT	both	58523	1419	WellPant	WellPant				191.66	191.66							118.15	118.15	21.08	55.97 percent of total billed charges		
HC SC0015S 2 3 VIEWS, SURGICAL		72082	CPT	both	58523	1419	Horizon	Medicare				37.84	37.84						30.44	136.05	136.05	21.08	55.97 percent of total billed charges		
HC SC0015S 2 3 VIEWS, SURGICAL		72082	CPT	both	58523	1419	Quaikare	Quaikare				438.92	438.92						75			21.08	55.97 percent of total billed charges		
HC SC0015S 2 3 VIEWS, SURGICAL		72082	CPT	both	58523	1419	Horizon	WellPant				208.76	208.76						133			21.08	55.97 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Aetna	Commercial				201.27	201.27									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	WellPant	WellPant				275.13	275.13						31.04			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Consumer	Consumer				642.06	642.06						95			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Aetna	Medicare				123.39	123.39									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Aetna	Medicare				123.39	123.39									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Horizon	Medicare				123.39	123.39									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Corrections	Corrections				709.1	709.1						80			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Aetna	Better Health				269.81	269.81						30.44			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Aetna	Aetna				498.79	498.79						75			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	UHC	Medicaid				269.81	269.81						30.44			260.96	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	First Trenton	First Trenton				797.74	797.74									30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Aetna	HMO/PO				30.38	30.38									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Horizon	Indemnity				238.76	238.76									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Multiple	Multiple				709.1	709.1						80			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Horizon	NJ Health				7.74	7.74									83.08	842.06 fee schedule		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	First Health	First Health				602.47	602.47									30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Three Rivers	Three Rivers				642.06	642.06									95	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Quaikare	Quaikare				664.79	664.79						75			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Horizon	PPO				238.76	238.76									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Horizon	Medicare Blue				123.39	123.39									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Managed Care Inc	Managed Care Inc				797.74	797.74						90			30.38	842.06 percent of total billed charges		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Wellcare	Medicare				123.39	123.39									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	UHC	Medicare				123.39	123.39									30.38	842.06 other		
HC SC0015S 4 5 VIEWS		72083	CPT	both	886.38	1419	Wellcare	Medicaid				269.81	269.81						30.44			30.38	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	First Health	First Health				602.47	602.47									37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Aetna	Commercial				201.27	201.27									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	First Trenton	First Trenton				797.74	797.74									37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Aetna	Aetna				664.79	664.79									37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Horizon	MGD				238.76	238.76									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Aetna	Medicare				273.01	273.01									37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Consumer	Consumer				642.06	642.06									37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Multiple	Multiple				709.1	709.1									80	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	UHC	Medicare				123.39	123.39									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Horizon	Medicare Blue				123.39	123.39									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Corrections	Corrections				709.1	709.1						80			37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Aetna	HMO/PO				37.2	37.2									37.2	842.06 fee schedule		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Quaikare	Quaikare				664.79	664.79						75			37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Horizon	NJ Health				88.14	88.14									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Horizon	PPO				238.76	238.76									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Aetna	Medicare				123.39	123.39									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Wellcare	Medicare				123.39	123.39									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Managed Care Inc	Managed Care Inc				797.74	797.74						90			37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	WellPant	WellPant				275.13	275.13									37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Horizon	Indemnity				238.76	238.76									37.2	842.06 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Three Rivers	Three Rivers				642.06	642.06									37.2	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	UHC	Medicaid				269.81	269.81									30.44	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Horizon	MGD				238.76	238.76									30.44	842.06 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Horizon	MGD				238.76	238.76									113.83	553.24 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Aetna	HMO/PO				22.94	22.94									22.94	553.24 fee schedule		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Wellcare	Medicare				123.39	123.39									22.94	553.24 other		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1419	Aetna	Medicare				182.61	182.61						30.8			82.04	553.24 percent of total billed charges		
HC SC0015S 6+ VIEWS		72084	CPT	both	886.38	1																			



hospital_name	last_updated_on	version	hospital_location	address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges/estimated_cms80	payer_name	plan_name	standard_charges/negotiated_dollar	standard_charges/negotiated_percentage	standard_charges/negotiated_algorithm	estimated_cms125	standard_charges/plan	standard_charges/plan	standard_charges/plan	standard_charges/plan	additional_generic_notes		
University Hospital	2025-09-17	21.0	HOUSTON	1919	310119	active																	
description	code	type	code	code	code																		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	American	America	508.9		America				75	123.39	697.68	percent of total billed charges				
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	American	PPD	228.76		PPD					65.12	123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Aetna	Better Health	223.65		Better Health					94.31	123.39	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Consumer	Consumer	697.68		Consumer					95	123.39	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Aetna	Commercial	211.37		Commercial					85.29	123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	UHC	Mediast	223.55		Mediast					30.44	293.2	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Managed Care Inc	Managed Care Inc	660.96		Managed Care Inc					90	123.39	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Multian	Multian	697.62		Multian					80	123.39	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	American	HMO/PPD	117.74		HMO/PPD					101.95	123.39	697.68	schedule	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Aetna	Medicare	123.39		Medicare					28.2	123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Horizon	Medicare Blue	123.39		Medicare Blue					30.8	97.72	123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Wellcare	Mediast	223.55		Mediast					30.44	133.2	123.39	697.68	percent of total billed charges		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Quicare	Quicare	508.4		Quicare					75	123.39	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	American	Medicare	123.39		Medicare						45.21	123.39	697.68	schedule	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Horizon	NJ Health	286.1		NJ Health					123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Wellcare	WellPart	123.39		WellPart					123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Three Rivers	Three Rivers	697.68		Three Rivers					95	123.39	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Corrections	Corrections	987.52		Corrections					85.36	123.39	697.68	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	WellPart	WellPart	207.86		WellPart					31.04	123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	1419	Horizon	Indemnity	238.76		Indemnity						123.39	697.68	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Horizon	PPD	211.84		PPD						202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Aetna	Commercial	676.28		Commercial						205.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	First Health	First Health	1229.79		First Health					70	202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	First Trenton	First Trenton	1579.98		First Trenton						90	202.26	167.65	percent of total billed charges		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Aetna	Medicare	414.39		Medicare						202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	American	America	1346.57		America					75	202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Aetna	Better Health	1534.35		Better Health						30.44	202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Horizon	Indemnity	801.84		Indemnity						202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Corrections	Corrections	140.34		Corrections					80	202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	American	America	414.39		America						202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Horizon	Medicare Blue	414.39		Medicare Blue						202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Managed Care Inc	Managed Care Inc	1579.98		Managed Care Inc					90	202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Horizon	MED	811.84		MED						202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	American	HMO/PPD	202.26		HMO/PPD						202.26	167.65	fee schedule	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Consumer	Consumer	167.65		Consumer					95	202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	UHC	Medicare	414.39		Medicare						432.53	202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Horizon	NJ Health	333.55		NJ Health						44.33	202.26	167.65	fee schedule	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	UHC	Quicare	624.35		Quicare					30.44	302.19	202.26	167.65	percent of total billed charges		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Three Rivers	Three Rivers	167.65		Three Rivers					95	202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Wellcare	Medicare	414.39		Medicare						202.26	167.65	other	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Multian	Multian	140.34		Multian						202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	WellPart	WellPart	544.88		WellPart					31.04	202.26	167.65	schedule	Payment-specific negotiated charge calculated as a percent of the Medicare value		
HC CT LIMBAR SPINE WO CONTRAST	72313	CPT	72313	72313	72313	both	476.55	Quicare	Quicare	1534.35		Quicare					75	202.26	167.65	percent of total billed charges			
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	Consumer	Consumer	1983.54		Consumer						95	206.56	1983.54	percent of total billed charges		
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Corrections	Corrections	1679.35		Corrections					80	206.56	1983.54	percent of total billed charges		
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	First Trenton	First Trenton	1979.15		First Trenton						95	206.56	1983.54	percent of total billed charges	
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Aetna	Commercial	337.11		Commercial						206.56	1983.54	fee schedule	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	First Health	First Health	1481.58		First Health					70	206.56	1983.54	percent of total billed charges		
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Aetna	Better Health	1265.27		Better Health					30.44	206.56	1983.54	percent of total billed charges		
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	American	Medicare	266.56		Medicare						206.56	1983.54	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Aetna	Medicare	206.56		Medicare						206.56	1983.54	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Horizon	NJ Health	343		NJ Health						206.56	1983.54	fee schedule	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Horizon	Indemnity	399.69		Indemnity						206.56	1983.54	other	Payment-specific negotiated charge calculated as a percent of the Medicare value	
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Managed Care Inc	Managed Care Inc	1979.15		Managed Care Inc					95	206.56	1983.54	percent of total billed charges		
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	American	America	1565.96		America					70	206.56	1983.54	percent of total billed charges		
HC CT LIMBAR SPINE WOV CONTRAST	72313	CPT	72313	72313	72313	both	207.94	237.54	Multian	Multian	1670.35		Multian					80	206.56	1983.54	percent of total billed charges		
HC CT LIMBAR SPINE WOV CONTRAST	72313																						



















description	unit	last_updated_on	version	hospital_location	address_line_one	city	state	zip	is_active	standard_chargemsg	standard_chargemsg_desc	charge_type	plan_name	plan_desc	standard_chargemsg_dollar	standard_chargemsg_percentage	standard_chargemsg_algorithm	estimated_amount	standard_chargemsg	standard_chargemsg_desc	standard_chargemsg_desc	additional_generic_notes		
HC HIPS BLAT W FELVIS 3-4 VIEWS, PORTABLE		2025-09-17	21.0	University Hospital	University Hospital	190	Begon	St	31019	true	585.23	Three Rivers	Three Rivers	585.97		95								
HC HIPS BLAT W FELVIS 3-4 VIEWS, PORTABLE		78222	CPT							585.23	141.0	Horizon	NI Health	NI Health	51.04			73.48						
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Amerihealth	Better Health	26.81		30.44								
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Amerihealth	HMO/PRO	51.78										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Aetna	First Health	102.17										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	First Health	First Health	620.47		70								Payee-specific negotiated charge calculated as a percent of the Medicare value
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Corrections	Corrections	70.1										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Aetna	Medicaid	123.39										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	American	American	664.79		75								Payee-specific negotiated charge calculated as a percent of the Medicare value
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	UHC	Medicaid	26.81		30.44								
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Consumer	Consumer	142.06		95								
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Amerihealth	Medicare	123.39										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Horizon	Indemnity	238.76										Payee-specific negotiated charge calculated as a percent of the Medicare value
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Horizon	Medicare Blue	123.39										Payee-specific negotiated charge calculated as a percent of the Medicare value
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Horizon	MGD	238.76										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	First Trenton	First Trenton	797.74		90								
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Muljian	Muljian	70.1										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	UHC	Medicare	123.39										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Horizon	NI Health	01.64										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	WellPoint	WellPoint	175.13		31.04								
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Quaker	Quaker	664.79		75								
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Horizon	PPO	123.39										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Managed Care Inc	Managed Care Inc	797.74		90								Payee-specific negotiated charge calculated as a percent of the Medicare value
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Wellcare	Medicare	123.39										
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Three Rivers	Three Rivers	142.06		95								Payee-specific negotiated charge calculated as a percent of the Medicare value
HC HIPS BLAT W FELVIS 5+ VIEWS		78223	CPT							585.23	141.0	Wellcare	Medicaid	26.81		30.44								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Aetna	Commercial	619.28										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Aetna	Medicare	414.39										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Consumer	Consumer	1857.57		95								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	American	American	1465.51		75								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	UHC	Medicare	14.39										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Aetna	Better Health	595.21		30.44								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	First Health	First Health	136.74										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Amerihealth	Amerihealth	14.39										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	UHC	Medicaid	595.21		30.44								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Horizon	MGD	801.84										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Horizon	Corrections	194.27		80								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	First Trenton	First Trenton	170.81		90								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Horizon	Indemnity	14.39										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Amerihealth	HMO/PRO	1270.97		65								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Managed Care Inc	Managed Care Inc	170.81		90								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Muljian	Muljian	194.27		80								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Horizon	Indemnity	801.84										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Quaker	Quaker	1465.51		75								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Three Rivers	Three Rivers	1857.57		95								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Horizon	Medicare Blue	414.39										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Wellcare	Medicaid	595.21		30.44								
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Horizon	PPO	11.16										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	Horizon	PPO	801.84										
HC HIP ARTHROGRAPHY	outpatient	78225	CPT							1955.34	476.55	WellPoint	WellPoint	601.94		31.04								
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	First Health	First Health	84.45										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Corrections	Corrections	565.08		75								
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Amerihealth	Amerihealth	621.7		80								
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	American	American	529.76		70								Payee-specific negotiated charge calculated as a percent of the Medicare value
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Aetna	Commercial	16.74										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Aetna	Better Health	1501.1		30.44								
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	UHC	Medicare	102.17										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Horizon	Medicare Blue	102.17										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Horizon	PPO	19.7										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	First Trenton	First Trenton	635.72		90								
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Horizon	Indemnity	19.7										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Consumer	Consumer	671.03		95								
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Amerihealth	HMO/PRO	19.84										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Aetna	Medicare	102.17										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Wellcare	Medicare	102.17										
HC FEMUR 1 VIEW, SURGICAL	both	78511	CPT							7851.1	17.5	Muljian	Muljian	565.08		80								
HC FEMUR 1 VIEW, SURGICAL	both	7																						









description	last_updated_on	version	hospital_location	address_line_one	city	state	zip	rating	output_type	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginin	standard_charginin	standard_charginin	standard_charginin	standard_charginin	standard_charginin	additional_generic_notes	
HC ABDOMEN 3- VIEWS	2025-10-17	2.0.0	hospital	1501 Bergem St	31019	NJ			outpatient			511.02	141.9	WellPoint	WellPoint	158.62	31.04										
HC ABDOMEN 3- VIEWS	74021	CPT							outpatient			511.02	141.9	Horizon	NJ Health	45.69											
HC ABDOMEN 3- VIEWS	74021	CPT							outpatient			511.02	141.9	Horizon	Three Rivers	45.69			95								
HC ABDOMEN 3- VIEWS	74021	CPT							outpatient			511.02	141.9	Horizon	PPD	238.76											
HC ABDOMEN 3- VIEWS	74021	CPT							outpatient			511.02	141.9	WellCare	Medicaid	45.69				123.73							
HC ABDOMEN 3- VIEWS	74021	CPT							outpatient			511.02	141.9	WellCare	Medicaid	155.55											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	AmeriHealth	Medicare	123.39											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	AmeriHealth	HMO/PRO	27.28											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Aetna	Better Health	284.49											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Corrections	Corrections	747.66											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Aetna	Commercial	201.17											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	First Trenton	First Trenton	841.12											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Horizon	Medicare	132.39											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	First Health	AmeriHealth	154.41											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Horizon	Medicare Blue	123.39											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	AmeriHealth	Medicaid	208.04											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Horizon	Indemnity	238.76											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Horizon	MGD	238.76											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Managed Care Inc.	Managed Care Inc.	244.12											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Consumer	Consumer	887.85											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Multplan	Multplan	877.66											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Three Rivers	Three Rivers	887.85											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Horizon	NJ Health	53.9											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	LHC	Medicaid	123.39											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Quintare	Quintare	700.94											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	WellCare	Medicare	123.39											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	Horizon	PPD	238.76											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	LHC	Medicaid	284.49											
HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE	74022	CPT							both			934.58	141.9	WellPoint	WellPoint	280.09											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Aetna	Commercial	331.17											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	First Trenton	First Trenton	1269.01											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Horizon	Better Health	408.91											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	First Health	First Health	408.91											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	American	American	1007.51											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Corrections	Corrections	1020.47											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Consumer	Consumer	1151.67											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Multplan	Multplan	1017.67											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Horizon	Medicaid	123.39											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Aetna	Commercial	123.39											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Horizon	Indemnity	238.76											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Horizon	MGD	238.76											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	WellCare	Medicaid	408.91											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	AmeriHealth	HMO/PRO	168.78											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Managed Care Inc.	Managed Care Inc.	1269.01											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Horizon	Medicare Blue	123.39											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Quintare	Quintare	1007.51											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	AmeriHealth	Medicare	123.39											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Three Rivers	Three Rivers	123.39											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Horizon	PPD	238.76											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	LHC	Medicaid	408.91											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	Horizon	NJ Health	78.73											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	WellCare	Medicare	123.39											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	LHC	Medicaid	123.39											
HC CT ABDOMEN W/ CONTRAST	74150	CPT							both			1434.34	214.9	WellPoint	WellPoint	419.07											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both			3799.5	273.54	Aetna	Medicare	206.56											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both			3799.5	273.54	Horizon	PPD	399.69											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both			3799.5	273.54	American	American	2849.63											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both			3799.5	273.54	Aetna	Better Health	1166.57											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both			3799.5	273.54	Horizon	Commercial	331.17											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both			3799.5	273.54	First Trenton	First Trenton	3419.55											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both			3799.5	273.54	Horizon	Medicare	206.56											
HC CT ABDOMEN W/ CONTRAST	74160	CPT							both																		











description	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	unit	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargeminology	standard_chargemaxology	additional_generic_notes	
HC URETHROCYSTOGRAPHY VOIDING	2025-17	21.0	coast	191919 true						91.06		32.24 American	America	690.8	75					690.8	690.8	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Confections	Confections	726.85	80					726.85	726.85	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Wellcare	Wellcare	284.47	75					284.47	284.47	875.01 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare rate
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 First Trenton	First Trenton	823.95	90					823.95	823.95	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Wellcare	Wellcare	283.37	30.44					283.37	283.37	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Quicare	Quicare	690.8	75					690.8	690.8	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 WellPant	WellPant	285.9	31.04					285.9	285.9	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Horizon	Indemity	542.71						542.71	542.71	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Horizon	MD	542.71						542.71	542.71	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Horizon	NI Health	548.8						548.8	548.8	875.01 fee schedule	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Managed Care Inc	Managed Care Inc	839.95	90					839.95	839.95	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Horizon	Three Rivers	875.01						875.01	875.01	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Consumer	Consumer	1199.62	95					1199.62	1199.62	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Better Health	384.38	30.44					384.38	384.38	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Quicare	Quicare	947.07	75					947.07	947.07	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Wellcare	Wellcare	407.73						407.73	407.73	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Commercial	407.73						407.73	407.73	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING	74455	CPT				both				91.06		32.24 Aetna	Wellcare	280.47						280.47	280.47	875.01 percent of total billed charges	
HC URETHROCYSTOGRAPHY VOIDING																							

























unit_name	last_updated_on	version	hospital_location	address_line1	address_line2	city	state	zip	county	type	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsgs	standard_chargemsgs_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemsg	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	additional_generic_notes
University Hospital	2025-09-17	2.0.0	University Hospital	1901	1901	1901	PA	1901	1901	Outpatient	Active															
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Horizon	MD	42.28			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		First Trenton	MD	99.41			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Aetna	Commercial	41.97			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Consumer	Consumer	104.94			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		First Health	First Health	71.72			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Horizon	Indemnity	42.28			38.28		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Horizon	Medicare Blue	33.14			30		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Americare	Americare	62.85			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Horizon	PPD	42.28			38.28		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Horizon	NU Health	38.36			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Wellcare	MD	33.62			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Multplan	Multplan	88.37			80		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Three Rivers	Three Rivers	104.94			85		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		WellPoint	WellPoint	42.28			31.04		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		UHC	UHC	33.62			30.44		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Quaker	Quaker	62.85			23.09		104.94	percent of total billed charges		
HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	78184	CPT								Outpatient				110.46		Managed Care Inc	Managed Care Inc	29.41			90		104.94	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 First Health	First Health	381.99			70		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Aetna	Commercial	208.17		130.07	53.32		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Horizon	Indemnity	42.28		112.37	53.32		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Wellcare	Medicaid	166.11		20.44	53.32		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		HIQ/PPD	Medicare	53.32			53.32		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Aetna	Better Health	126.63		30.44	53.32		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Consumer	Consumer	518.42			85		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Aetna	Medicare	123.39			53.32		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Multplan	Multplan	436.56			90		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Three Rivers	Three Rivers	518.42			95		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Horizon	MD	138.63			53.32		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Americare	Americare	499.28			75		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Horizon	Medicare Blue	123.39			53.32		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Aetna	Commercial	139.39			38		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Horizon	NU Health	68.6		55.65	53.32		518.42	fee schedule		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Horizon	UHC	123.39			53.32		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Aetna	Wellcare	166.11			30.44		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Corrections	Corrections	436.56			80		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Horizon	PPD	42.28		114.59	53.32		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Horizon	PPD	236.76			30.44		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 First Trenton	First Trenton	491.13			75		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 Quaker	Quaker	499.28			75		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Managed Care Inc	Managed Care Inc	151.13			53.32		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	both								both				545.7		1419 Wellcare	Medicare	123.39			31.04		518.42	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM LMTD 10 FEETUS; PORTABLE	78185	CPT								both				545.7		1419 WellPoint	WellPoint	169.39		112.24	53.32		518.42	percent of total billed charges		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 First Health	First Health	282.07		79	44.02		489.35	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	both								both				515.1		1419 Aetna	Commercial	201.37			44.02		489.35	other		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Horizon	NU Health	68.6		69.01	44.02		489.35	fee schedule		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Aetna	Medicare	123.39			44.02		489.35	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Horizon	Better Health	158.8		30.44	44.02		489.35	percent of total billed charges		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Horizon	Medicare Blue	123.39			44.02		489.35	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Consumer	Consumer	499.28			44.02		489.35	percent of total billed charges		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Americare	Americare	386.33		75	44.02		489.35	percent of total billed charges		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 First Trenton	First Trenton	491.13			44.02		489.35	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Aetna	Medicare	123.39			44.02		489.35	percent of total billed charges		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Multplan	Multplan	412.08		80	44.02		489.35	percent of total billed charges		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Aetna	HIQ/PPD	44.02		79.7	44.02		489.35	fee schedule		
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Horizon	PPD	236.76			44.02		489.35	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value	
HC US PREG UTERUS TRANSDM FOLLOWUP PER FETUS	78186	CPT								both				515.1		1419 Horizon	MD	236.76			44.					





description	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	3/19/19	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_counth	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginin	standard_chargemix	standard_chargenegotiated	additional_generic_notes
University Hospital	2025-09-17	2.0.0	University Hqs 150 Bergen St																			
HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTXY PLAN	78873	CPT					outpatient				587.8		1419 Horizon	Intensity	238.78						377.91 other	100.44
HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTXY PLAN	78873	CPT					outpatient				587.8		1419 Horizon	PP0	238.78						377.91 other	100.44
HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTXY PLAN	78873	CPT					outpatient				587.8		1419 Horizon	NJ Health	199.89						377.91 fee schedule	100.44
HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTXY PLAN	78873	CPT					outpatient				587.8		1419 UHC	Medicaid	171.09	30.44					377.91 percent of total billed charges	100.44
HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTXY PLAN	78873	CPT					outpatient				587.8		1419 WellSpan	MD	123.48	21.04					377.91 percent of total billed charges	100.44
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 First Trenton	First Trenton	583.26						626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Horizon	NJ Health	100.04			100.04			626.22 fee schedule	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Amerihealth	Medicare	51.46						626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Aetna	Better Health	200.65						626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Corrections	Corrections	57.34			30.44			626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Aetna	MD	123.39				238.76		626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Aetna	Commercial	201.37						626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Multplan	Multplan	57.34	80					626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Horizon	MD	123.39						626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Consumer	Consumer	626.22						626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Amerihealth	Medicare	133.39	95					626.22 other	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Quicare	Quicare	498.49	75					626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 WellSpan	WellSpan	204.61	31.04					626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 First Health	First Health	401.63	70					626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 American	American	498.49	75					626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Wellcare	Medicaid	200.65	30.44		163.11			626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Horizon	PP0	238.78						626.22 other	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Horizon	Managed Care Inc	626.22	95					626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Three Rivers	Three Rivers	626.22	95					626.22 percent of total billed charges	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Horizon	Medicare Blue	123.39	95					626.22 other	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 Wellcare	Medicare	123.39	95					626.22 other	51.46
HC US JOINT COMPLETE, PORTABLE	78881	CPT					both				659.18		1419 UHC	Medicare	123.39	95			123.73		626.22 other	51.46
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Consumer	Consumer	486.92	95					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Aetna	Better Health	486.92	30.44					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Horizon	NJ Health	25.6						486.92 fee schedule	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 UHC	Medicare	123.39	95					486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 First Health	First Health	498.49	70					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Aetna	Medicare	123.39	95					486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Aetna	Commercial	201.37			102.48			486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Amerihealth	Medicare	123.39						486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Corrections	Corrections	410.04	80					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 American	American	498.49	75					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Horizon	Medicare Blue	123.39						486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Horizon	PP0	238.78						486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 First Trenton	First Trenton	461.3	86.22					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Amerihealth	HMO/PP0	51.46	80					486.92 fee schedule	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Multplan	Multplan	410.04	90					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Horizon	Intensity	238.78				234		486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Wellcare	Medicaid	160.02	30.44					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 UHC	Medicaid	156.22	30.44					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Quicare	Quicare	398.41	75					486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Horizon	MD	238.78						486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 WellSpan	WellSpan	199.89	31.04					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Managed Care Inc	Managed Care Inc	61.3	62.17					486.92 percent of total billed charges	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Three Rivers	Three Rivers	486.92	95					486.92 other	25.6
HC US JOINT LIMITED, PORTABLE	78882	CPT					both				512.55		1419 Wellcare	Medicare	123.39	95					486.92 other	25.6
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 American	American	524.79	75					664.73 percent of total billed charges	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Horizon	Medicare Blue	102.17	95					664.73 other	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 First Trenton	First Trenton	619.75	95					664.73 percent of total billed charges	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Consumer	Consumer	664.73	95					664.73 percent of total billed charges	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Aetna	Commercial	169.74	30.44					664.73 other	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Aetna	Better Health	123.39	30.44					664.73 percent of total billed charges	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Corrections	Corrections	598.78	80					664.73 percent of total billed charges	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Aetna	Medicare	215.51	30.8					664.73 percent of total billed charges	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Wellcare	Medicare	123.39	30.8					664.73 other	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 UHC	Medicare	102.17	30.8					664.73 other	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Managed Care Inc	Managed Care Inc	629.75	90					664.73 percent of total billed charges	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Amerihealth	Medicare	529.17	80					664.73 other	63.86
HC US INFANT HPS DYNAMIC W/ MANIPULATION	78886	CPT					outpatient				699.72		1715 Multplan	Multplan	558.78	90					664.73 percent of total billed charges	63.86









university_name	university_hosp	hospital_location	hospital_address_line_one	hospital_address_line_two	best_of_knowledge_and_belief	hospital_has_included_applicable_standard_charge_information_in accordance_with_requirements_of_45_CFR_180.50	and_the_information_encoded_is_true_accurate_and_complete_as_of_the_date_indicated	last_updated_on_version	2025-10-17	21.0	codeid	codeid_type	status	rating	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes			
University Hospital	University Hosp 150	Begun St		31019 N							7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	Multiflan	Multiflan	433.3	80				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	Aetna	Medicare	165.82	30.8		52.2		514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	Quake	Quake	433.3	75				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	First Trenton	First Trenton	47.46	90		60.74		514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	Amehalth	HMO/PRO	38.44	80				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	Managed Care Inc	Managed Care Inc	487.46	90				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	Corrections	Corrections	433.3	80				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	Three Rivers	Three Rivers	114.54	25				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7085	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT			541.62	WellPoint	WellPoint	168.12	31.04			145.82	514.54	514.54	514.54	514.54	514.54	percent of total billed charges	38.44
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Aetna	Medicare	165.82	30.8				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Managed Care Inc	Managed Care Inc	47.46	90				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	WellPoint	WellPoint	168.12	31.04				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Aetna	Commercial	205.82	38				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	First Health	First Health	379.13	70				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	PRO	207.33	38.28				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Aetna	Better Health	164.87	30.44			164.87	514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	First Trenton	First Trenton	487.46	90				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Multiflan	Multiflan	433.3	80				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Quake	Quake	433.3	75				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Three Rivers	Three Rivers	514.54	95				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Americare	Americare	433.3	75				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	NJ Health	160.27	30				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	Medicare Blue	162.49	30				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Amehalth	HMO/PRO	48.98	80				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	Indemnity	207.33	38.28				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	UHC	Medicaid	103.67	20.44				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	MGD	38.28	38.28				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Consumer	Consumer	514.54	95.4				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Wellcare	Wellcare	145.87	26.44		145.53		514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	WellPoint	WellPoint	168.12	31.04				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7086	CPT			HC DIAGNOSTIC MAMMOGRAPHY W CAD BI LAT			541.62	Corrections	Corrections	433.3	80				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	48.98
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Aetna	Better Health	164.87	30.44			148.24	514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	First Health	First Health	379.13	70				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Americare	Americare	433.3	75				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Aetna	Commercial	205.82	38				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Aetna	Medicare	165.82	30.8				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Consumer	Consumer	514.54	95				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	Indemnity	207.33	38.28				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	MGD	207.33	38.28				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Amehalth	HMO/PRO	37.2	37.2				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Multiflan	Multiflan	433.3	80				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Wellcare	Wellcare	145.87	26.44		139.69		514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	First Trenton	First Trenton	487.46	90				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	NJ Health	123.36	23.8		83.45		514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2
											7087	CPT			HC SCREENING MAMMOGRAPHY W CAD BI LAT			541.62	Horizon	PRO	207.33	38.28				514.54	514.54	514.54	514.54	514.54	percent of total billed charges	37.2

















University Hospital	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code_type	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetms	standard_charginetms	additional_generic_notes
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	2025-09-17	21.0	130119	trua	7816	CPT	61487	536.19 American	American	461.15		American	American	461.15		75	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 First Health	First Health	434.14						First Health	First Health	434.14		70	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Aetna	Better Health	461.25						Better Health	Better Health	461.25		30.44	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 American	American	466.25						American	American	466.25		75	106.02					Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Aetna	Consumer	466.25						Consumer	Consumer	466.25		95	106.02					Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Consumer	Consumer	584.13						Consumer	Consumer	584.13		95	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Corrections	Corrections	491.9						Corrections	Corrections	491.9		80	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 UHC	Medicaid	466.25						UHC	UHC	466.25		95	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 American	HMO/PO	156.02						American	American	156.02		90	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Wellcare	Medicare	466.25						Wellcare	Wellcare	466.25		80	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Multicare	Medicare	491.9						Multicare	Multicare	491.9		90	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Horizon	Indemnity	902.19						Horizon	Horizon	902.19		90	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Aetna	Medicare	466.25						Aetna	Aetna	466.25		80	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 First Health	First Health	433.38						First Health	First Health	433.38		90	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Quintcare	Quintcare	461.15						Quintcare	Quintcare	461.15		75	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Horizon	PP0	902.19						Horizon	Horizon	902.19		30.44	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Wellcare	Medicaid	187.17						Wellcare	Wellcare	187.17		30.44	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Horizon	MGD	461.15						Horizon	MGD	461.15		75	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 WellPar	WellPar	100.86						WellPar	WellPar	100.86		31.04	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Horizon	NJ Health	507.4						Horizon	NJ Health	507.4		90	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Managed Care Inc	Managed Care Inc	503.38						Managed Care Inc	Managed Care Inc	503.38		90	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 Three Rivers	Three Rivers	64.13						Three Rivers	Three Rivers	64.13		95	106.02					
HC NM THYROID CARCINOMA METASTASES IMG ADOL STUDY	7816	CPT	61487	536.19 UHC	Medicaid	187.17						UHC	UHC	187.17		30.44	106.02					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	PP0	1208.54						Horizon	PP0	1208.54		610.9	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 First Health	Better Health	1068.47						First Health	Better Health	1068.47		70	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Aetna	Medicare	624.57						Aetna	Medicare	624.57		30.44	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Aetna	Better Health	733.37						Aetna	Better Health	733.37		30.44	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 American	Commercial	1319.3						American	Commercial	1319.3		80	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Multicare	Multicare	1927.39						Multicare	Multicare	1927.39		80	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 American	American	1803.93						American	American	1803.93		75	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Corrections	Corrections	1927.39						Corrections	Corrections	1927.39		80	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 UHC	Medicaid	733.37						UHC	Medicaid	733.37		30.44	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	MGD	1208.54						Horizon	MGD	1208.54		1150.4	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	Medicare Blue	153.47						Horizon	Medicare Blue	153.47		95	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Consumer	Consumer	2288.78						Consumer	Consumer	2288.78		95	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Wellcare	HMO/PO	187.17						Wellcare	HMO/PO	187.17		75	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Quintcare	Quintcare	1803.93						Quintcare	Quintcare	1803.93		95	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 UHC	Medicaid	624.57						UHC	Medicaid	624.57		75	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	Indemnity	1208.54						Horizon	Indemnity	1208.54		1150.4	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 American	Medicare	624.57						American	Medicare	624.57		57.74	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	NJ Health	182.08						Horizon	NJ Health	182.08		90	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 First Health	First Health	1208.54						First Health	First Health	1208.54		727.92	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Wellcare	Medicare	733.37						Wellcare	Medicare	733.37		30.44	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Wellcare	Medicare	624.57						Wellcare	Medicare	624.57		90	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Managed Care Inc	Managed Care Inc	1808.92						Managed Care Inc	Managed Care Inc	1808.92		90	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 WellPar	WellPar	747.83						WellPar	WellPar	747.83		31.04	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Three Rivers	Three Rivers	2288.78						Three Rivers	Three Rivers	2288.78		11.04	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	Indemnity	902.19						Horizon	Indemnity	902.19		95	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Aetna	Medicare	85.23						Aetna	Medicare	85.23		38.8	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 American	Commercial	165.15						American	Commercial	165.15		38	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Multicare	Multicare	1927.39						Multicare	Multicare	1927.39		38	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 American	American	207.54						American	American	207.54		75	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 First Health	First Health	269.05						First Health	First Health	269.05		95	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Consumer	Consumer	282.88						Consumer	Consumer	282.88		95	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Aetna	Better Health	84.23						Aetna	Better Health	84.23		30.44	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 American	HMO/PO	1922						American	HMO/PO	1922		6.63	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	MGD	153.93						Horizon	MGD	153.93		38.28	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Horizon	NJ Health	47.04						Horizon	NJ Health	47.04		75	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Quintcare	Quintcare	1927.39						Quintcare	Quintcare	1927.39		6.63	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Corrections	Corrections	21.38						Corrections	Corrections	21.38		90	153.76					
HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY	7816	CPT	20294	718.26 Managed Care Inc	Managed Care Inc	269.05						Managed Care Inc	Managed Care Inc	269.05		9						































University Hospital	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	description	unit_type	unit_code	unit_name	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount	payor_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargin	standard_chargemsg	standard_chargemsgtechnology	additional_generic_notes
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		PPO				38.28		83.33	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		Managed Care Inc				38.28		83.33	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		Three Rivers				38.28		83.33	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		Quikcare				75		65.79	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		American						30.86	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		NJ Health						15.13	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		Medicare						38.57	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		Medicare				38.28		31.58	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		Managed Care Inc				90		79.95	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		Medicare Blue						26.32	percent of total billed charges	
BKR CHD CAFFEINE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80155	CPT		44.36 Horizon			87.72	3158		UHC						30.86	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Horizon			101.58	5037		MGD				38.28		10.1	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Amerihealth			101.58	5037		HMO/PRO						22.7	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 American			101.58	5037		American				75		88.69	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Horizon			101.58	5037		NJ Health				11.4		10.1	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Aetna			101.58	5037		Medicare						14.57	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Aetna			101.58	5037		Better Health				30.44		32.59	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 First Health			101.58	5037		First Health						50.11	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Aetna			101.58	5037		Commercial						70	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Mulipian			101.58	5037		Multipian						90	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Amerihealth			101.58	5037		Medicare						14.57	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Consumer			101.58	5037		Consumer				95		125	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 UHC			101.58	5037		Medicaid				32.11		10.1	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Corrections			101.58	5037		Corrections						105.26	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 First Trenton			101.58	5037		First Trenton						184.42	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 WellPoint			101.58	5037		WellPoint				39.04		10.1	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 UHC			101.58	5037		Medicare						14.57	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Quikcare			101.58	5037		Quikcare				75		17.06	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Horizon			101.58	5037		PPO						38.28	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Wellcare			101.58	5037		Medicare						14.57	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Managed Care Inc			101.58	5037		Managed Care Inc				90		114.42	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Horizon			101.58	5037		Intersity						50.37	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Three Rivers			101.58	5037		Three Rivers						95	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Horizon			101.58	5037		Medicare Blue						39.47	percent of total billed charges	
BKR CHD TEGETROL	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80156	CPT		16.78 Wellcare			101.58	5037		Medicaid						30	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Corrections			156.06	124.65		Corrections						10.6	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Aetna			156.06	124.65		Better Health				30.44		10.6	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Amerihealth			156.06	124.65		Medicare						13.25	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Aetna			156.06	124.65		Medicare						13.25	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Aetna			156.06	124.65		Commercial						38	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Consumer			156.06	124.65		Consumer						95	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 American			156.06	124.65		American						17.05	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Horizon			156.06	124.65		Intersity						38.28	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Horizon			156.06	124.65		Medicare Blue						48.82	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 First Trenton			156.06	124.65		First Trenton						194.24	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 First Trenton			156.06	124.65		First Trenton						140.45	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Wellcare			156.06	124.65		Medicaid						10.5	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Mulipian			156.06	124.65		Multipian						124.65	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Amerihealth			156.06	124.65		HMO/PRO						15.2	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 UHC			156.06	124.65		Medicaid						10.6	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Horizon			156.06	124.65		NJ Health						14.72	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Quikcare			156.06	124.65		Quikcare				75		117.05	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Horizon			156.06	124.65		MGD						38.28	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Wellcare			156.06	124.65		Medicare						13.25	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Horizon			156.06	124.65		PPO						38.28	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 UHC			156.06	124.65		Medicare						13.25	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Managed Care Inc			156.06	124.65		Managed Care Inc						90	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 WellPoint			156.06	124.65		WellPoint						48.44	percent of total billed charges	
BKR CHD CARBAMAZEPINE FREE SERUM	2025-09-17	20.0	University Hospital	150 Bergen St	31019	outpatient	80157	CPT		15.24 Three Rivers			156.06	124.65		Three Rivers						31.04	percent of total billed charges	
BKR CHD CYCLOSPORINE BLOOD	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80158	CPT		20.78 UHC			109.14	18.05		Medicare				5.06		12.24	percent of total billed charges	
BKR CHD CYCLOSPORINE BLOOD	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80158	CPT		20.78 Corrections			109.14	18.05		Corrections						80	percent of total billed charges	
BKR CHD CYCLOSPORINE BLOOD	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80158	CPT		20.78 Aetna			109.14	18.05		Better Health						32.44	percent of total billed charges	
BKR CHD CYCLOSPORINE BLOOD	2025-09-17	20.0	University Hospital	150 Bergen St	31019	both	80158</																	

description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code_type	code	code_type	code	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetx	standard_charginetxology	additional_generic_notes	
BKR CHD DIOXIN		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80162	CPT	12342	15.27	Horizon	Medicare Blue	12342						30				117.25 percent of total billed charges	0.62	
BKR CHD DIOXIN		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80162	CPT	12342	15.27	Wellcare	Medicaid	12342						95				117.25 percent of total billed charges	0.62	
BKR CHD DIOXIN		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80162	CPT	12342	15.27	Wellcare	Three Rivers	12342						95				117.25 percent of total billed charges	0.62	
BKR CHD DIOXIN		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80162	CPT	12342	15.27	Wellcare	Medicare	12342						90				117.25 percent of total billed charges	0.62	
BKR CHD DIOXIN		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80162	CPT	12342	15.27	Managed Care Inc	Managed Care Inc	12342						90				117.25 percent of total billed charges	0.62	
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.27	UHC	Medicare	5588							17.39				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Aetna	MD	5588						38.28	30.1			91.09 percent of total billed charges	13.46	
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Aetna	Medicare	5588						30.8	25.3			91.09 percent of total billed charges	13.46	
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Aetna	Medicare	5588							13.54				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Aetna	Better Health	5588							29.19				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Horizon	Medicare	5588							30.7				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Aetna	Commercial	5588							38.43				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	First Health	First Health	5588							67.12				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Consumer	Consumer	5588							91.09				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Wellcare	Medicare	5588							13.93				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Quintare	Quintare	5588							71.91				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	WellPoint	WellPoint	5588							29.76		24.9		91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	American	American	5588							15.54				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	First Trenton	First Trenton	5588							86.29				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Corrections	Corrections	5588							70.7				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Horizon	Medicare Blue	5588							28.76				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Aetna	Medicare	5588							19				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	UHC	Medicaid	5588							20.41				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Horizon	NJ Health	5588							19.6				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Multplan	Multplan	5588							76.7				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Horizon	PPO	5588							29.56				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Three Rivers	Three Rivers	5588							91.09				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Managed Care Inc	Managed Care Inc	5588							86.29				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	UHC	Medicare	5588							11.37				91.09 percent of total billed charges	13.46
BKR CHD VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	both	80164	CPT	5588	15.57	Wellcare	Medicaid	5588							29.19		25.41		91.09 percent of total billed charges	13.46
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	American	American	4488							13.96				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Aetna	Better Health	4488							13.68				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Wellcare	Medicare	4488							13.54				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Horizon	MD	4488							17.18				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Aetna	Medicare	4488							13.54				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Horizon	HMO-PPO	4488							10.33				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	UHC	Medicare	4488							13.54				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Aetna	Commercial	4488							17.05		38		42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	WellPoint	WellPoint	4488							13.93		31.04		42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Aetna	Medicare	4488							13.54				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Corrections	Corrections	4488							35.9				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	First Health	First Health	4488							31.42				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Multplan	Multplan	4488							35.9				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Consumer	Consumer	4488							42.64				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Horizon	Medicare Blue	4488							13.46				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	First Trenton	First Trenton	4488							40.39				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Quintare	Quintare	4488							33.66				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Horizon	Medicare	4488							17.18				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT)(R) SERUM		2025-07-17	20.0	University Hospital	150 Bergen St	31019	inpatient	80165	CPT	4488	15.57	Horizon	NJ Health	4488							10.63				42.64 percent of total billed charges	10.03
BKR CHD FREE VALPROIC ACID (DEPOT																										

description	university_hospital	last_updated_on_version	2025-09-17	20.0	hospital_location_hospital_address_license_num	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	31019 true	category	code/type	rating	unit	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginet	standard_charginet	standard_charginet	standard_charginet	additional_generic_notes
BKR CHG GENTAMICIN TROUGH														334.98		18.84 Three Rivers	Three Rivers	289.73		95		13.1		289.73 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Aetna	Better Health	20.18		30.44		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Aetna	Commercial	25.19		38		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 First Trenton	First Trenton	59.67		90		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Horizon	Indemnity	25.28		75		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Multiplan	Multiplan	53.04		80		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Consumer	Consumer	62.99		95		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Amerihealth	Medicare	21.67				9.84		62.99 fee schedule			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Aetna	Medicare	21.67				9.84		62.99 fee schedule			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 First Health	First Health	46.41		70		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 WellPoint	WellPoint	20.58		31.04		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Horizon	PPO	25.38		38.28		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Americare	Americare	49.73		75		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Quaker	Quaker	49.73		75		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Corrections	Corrections	53.04		80		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Horizon	MGD	25.38		38.28		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Amerihealth	HMO/PPO	9.84				9.84		62.99 fee schedule			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Horizon	Medicare Blue	19.89		30		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 UHC	Medicaid	17.34				9.84		62.99 fee schedule			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Managed Care Inc	Managed Care Inc	89.07		90		9.84		62.99 percent of total billed charges			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Wellcare	Medicare	21.67				9.84		62.99 fee schedule			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 UHC	Medicare	21.67				9.84		62.99 fee schedule			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Wellcare	Medicaid	17.34				9.84		62.99 fee schedule			
BKR CHG GABAPENTIN (NEURONTIN)														66.3		24.92 Three Rivers	Three Rivers	62.99		95		9.84		62.99 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		24.92 Horizon	NJ Health	14.18				12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Multiplan	Multiplan	72.82		80		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Amerihealth	Medicare	15.78				12.62		86.24 fee schedule			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Aetna	Commercial	34.5		38		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Horizon	Indemnity	34.75		38.28		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Aetna	Better Health	27.63		30.44		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Americare	Americare	49.09		75		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Consumer	Consumer	86.24		95		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Aetna	Medicare	15.78				12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Quaker	Quaker	49.09		75		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Corrections	Corrections	72.82		80		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 WellPoint	WellPoint	28.18		31.04		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Amerihealth	HMO/PPO	27.1				12.62		86.24 fee schedule			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 First Health	First Health	63.55		70		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 First Trenton	First Trenton	91.7		90		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Wellcare	Medicaid	12.62				12.62		86.24 fee schedule			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Horizon	NJ Health	16.17				12.62		86.24 fee schedule			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 UHC	Medicaid	12.62				12.62		86.24 fee schedule			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Horizon	MGD	34.75		38.28		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Horizon	Medicare Blue	27.23		30.44		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 UHC	PPO	34.75		38.28		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 UHC	Medicare	15.78				12.62		86.24 fee schedule			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Managed Care Inc	Managed Care Inc	81.7		90		12.62		86.24 percent of total billed charges			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Wellcare	Medicare	15.78				12.62		86.24 fee schedule			
BKR CHG HALOPERIDOL SERUM														90.78		18.15 Three Rivers	Three Rivers	86.24		95		12.62		86.24 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Aetna	Medicare	13.25				7.84		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Aetna	Better Health	20.49		30.44		13.89		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Americare	Americare	50.49				9.84		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 First Trenton	First Trenton	60.99		90		9.84		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Horizon	MGD	25.47		38.28		23.49		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 First Health	First Health	47.12		70		9.84		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Amerihealth	HMO/PPO	9.84				9.84		63.95 fee schedule			
BKR CHG LAMOTRIGINE														67.32		15.24 Aetna	Commercial	25.58		38		11.54		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Amerihealth	Medicare	13.25				9.84		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Consumer	Consumer	63.95		95		9.84		63.95 percent of total billed charges			
BKR CHG LAMOTRIGINE														67.32		15.24 Wellcare	Medicare	13.25				7.92		63.95 fee schedule			
BKR CHG LAMOTRIGINE																											







description	hospital_name	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	last_updated_on	version	effective_date	code_type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payee_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginin	standard_chargemix	standard_chargemethodology	additional_generic_notes
BRK CHG RUFINAMIDE SERUMPLASM (284191)	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00210	CPT	both			14382	14382	31.18 Quateara	Quateara	107.87	75			21.69	136.03	136.03	100 percent of total billed charges
BRK CHG RUFINAMIDE SERUMPLASM (284191)	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00210	CPT	both			14382	14382	31.18 Horizon	Medicare Blue	43.35	30			21.69	136.03	136.03	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Aetna	Commercial	58.92	38			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Aetna	Medicare	38.57	30			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Aetna	Better Health	447.72	30.44			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Americare	Americare	1103.13	75			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Cornerstone	Cornerstone	1107.67	80			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Amerihealth	Medicare	38.57	30			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 First Health	First Health	1029.59	75			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Consumer	Consumer	139.73	95			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Amerihealth	HMO/PRO	966.05	65			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Wellcare	Medicaid	30.86	38.28			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Horizon	Indemnity	448.14	38.28			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 First Trenton	First Trenton	1323.78	90			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Horizon	NJ Health	30.24	30	73.19		30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Horizon	Medicare Blue	441.25	30			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Horizon	MGD	563.04	38.28			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Horizon	PPD	563.04	38.28			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 LHC	Medicaid	0.86	30.24			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Managed Care Inc	Managed Care Inc	1323.76	90			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Horizon	Indemnity	1167.67	80			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Three Rivers	Three Rivers	1397.3	95			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Wellcare	Medicare	38.57	30.24			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 Quateara	Quateara	1103.13	75			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 WellPant	WellPant	456.55	31.04			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG INFLIXIMAB DRUG - ANTI-BODY	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00230	CPT	both			147084	147084	44.36 LHC	Medicare	38.57	30.24			30.24	137.37	137.37	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 First Trenton	First Trenton	344.12	90			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Aetna	Medicare	145.14	30.8			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Americare	Americare	303.43	75			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Aetna	Better Health	441.45	30.44			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Wellcare	Medicare	38.57	30.24			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 LHC	Medicaid	145.45	30.44			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Consumer	Consumer	477.68	95			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Horizon	Indemnity	180.39	38.28			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Amerihealth	Medicare	38.57	30.24			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Horizon	Idempity	379.99	80			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Multplan	Commercial	670.07	38			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 WellPant	WellPant	145.21	31.04			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 LHC	Medicare	38.57	30.24			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Quateara	Quateara	303.43	75			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Cornerstone	Cornerstone	379.99	80			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Horizon	PPD	180.39	38.28			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 First Health	First Health	441.25	90			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Managed Care Inc	Managed Care Inc	434.12	90			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Horizon	Medicare Blue	141.37	30			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Three Rivers	Three Rivers	477.68	38.28			30.24	447.68	447.68	100 percent of total billed charges
BRK CHG VEDOLIZUMAB	University Hospital	150 Bergen St	Boston	02119	True	2025-09-17	20.0	00280	CPT	outpatient			147124	147124	44.36 Horizon	MGD	180.39	38.28						

hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	description	unit	code	type	unit	charge	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscountratio_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetmax	standard_charginetmethodology	additional_generic_notes
University Hospital	2025-09-17	21.0	University Hospital	150 Bergen St	31019		BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	189.37	38.28	Horizon	Intensify	189.37		Horizon	Intensify	38.28	20	38.28	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	389.76	80	Corrections	Corrections	389.76		Corrections	Corrections	80	80	389.76	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	17.62	3.28	Wellcare	Medicaid	17.62		Wellcare	Medicaid	3.28	3.28	17.62	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	184.1	30	LHC	Medicaid	184.1		LHC	Medicaid	30	30	184.1	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	189.37	38.28	Horizon	MGD	189.37		Horizon	MGD	38.28	38.28	189.37	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	445.23	90	Managed Care Inc	Managed Care Inc	445.23		Managed Care Inc	Managed Care Inc	90	90	445.23	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	371.03	75	Quintare	Quintare	371.03		Quintare	Quintare	75	75	371.03	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	153.55	31.04	WellPoint	WellPoint	153.55		WellPoint	WellPoint	31.04	31.04	153.55	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	389.76	80	Multplan	Multplan	389.76		Multplan	Multplan	80	80	389.76	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES SP	80324	CPT	outpatient	469.97	95	Three Rivers	Three Rivers	469.97		Three Rivers	Three Rivers	95	95	469.97	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	34.27	70	First Health	First Health	34.27		First Health	First Health	70	70	34.27	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	47.06	90	First Health	First Trenton	47.06		First Health	First Trenton	90	90	47.06	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	18.6	35	Aetna	Commercial	18.6		Aetna	Commercial	35	35	18.6	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	31.82	65	Amerihealth	HMO/PRO	31.82		Amerihealth	HMO/PRO	65	65	31.82	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	14.9	30.44	Aetna	Better Health	14.9		Aetna	Better Health	30.44	30.44	14.9	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	14.9	30.44	LHC	Medicaid	14.9		LHC	Medicaid	30.44	30.44	14.9	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	39.17	80	Corrections	Corrections	39.17		Corrections	Corrections	80	80	39.17	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	38.72	75	Amerihealth	Amerihealth	38.72		Amerihealth	Amerihealth	75	75	38.72	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	30.44	60	Wellcare	Medicaid	30.44		Wellcare	Medicaid	60	60	30.44	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	18.74	38.28	Horizon	PPO	18.74		Horizon	PPO	38.28	38.28	18.74	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	15.08	30.8	Aetna	Medicare	15.08		Aetna	Medicare	30.8	30.8	15.08	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	18.74	38.28	Horizon	Intensify	18.74		Horizon	Intensify	38.28	38.28	18.74	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	18.74	38.28	Horizon	MGD	18.74		Horizon	MGD	38.28	38.28	18.74	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	15.2	31.04	WellPoint	WellPoint	15.2		WellPoint	WellPoint	31.04	31.04	15.2	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	46.51	95	Consumer	Consumer	46.51		Consumer	Consumer	95	95	46.51	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	44.06	90	Managed Care Inc	Managed Care Inc	44.06		Managed Care Inc	Managed Care Inc	90	90	44.06	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	39.17	80	Multplan	Multplan	39.17		Multplan	Multplan	80	80	39.17	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	14.89	30	Horizon	Medicare Blue	14.89		Horizon	Medicare Blue	30	30	14.89	14.38	469.97	percent of total billed charges		
							BRK CHG AMPHETAMINES OR MORE	80326	CPT	outpatient	38.72	75	Quintare	Quintare	38.72		Quintare	Quintare	75	75	38.72	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS	80327	CPT	outpatient	39.51	75	Three Rivers	Three Rivers	39.51		Three Rivers	Three Rivers	75	75	39.51	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	15.08	30.8	Aetna	Medicare	15.08		Aetna	Medicare	30.8	30.8	15.08	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	38.72	75	Amerihealth	Amerihealth	38.72		Amerihealth	Amerihealth	75	75	38.72	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	14.9	30.44	Aetna	Better Health	14.9		Aetna	Better Health	30.44	30.44	14.9	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	39.51	75	Consumer	Consumer	39.51		Consumer	Consumer	75	75	39.51	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	44.06	90	First Trenton	First Trenton	44.06		First Trenton	First Trenton	90	90	44.06	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	18.6	35	Aetna	Commercial	18.6		Aetna	Commercial	35	35	18.6	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	31.82	65	Amerihealth	HMO/PRO	31.82		Amerihealth	HMO/PRO	65	65	31.82	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	39.17	80	Corrections	Corrections	39.17		Corrections	Corrections	80	80	39.17	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	18.74	38.28	Horizon	MGD	18.74		Horizon	MGD	38.28	38.28	18.74	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	16.66	36.89	LHC	Medicaid	16.66		LHC	Medicaid	36.89	36.89	16.66	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	14.89	30	Horizon	Medicare Blue	14.89		Horizon	Medicare Blue	30	30	14.89	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	46.51	95	Three Rivers	Three Rivers	46.51		Three Rivers	Three Rivers	95	95	46.51	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	18.74	38.28	Horizon	PPO	18.74		Horizon	PPO	38.28	38.28	18.74	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	18.74	38.28	Horizon	Intensify	18.74		Horizon	Intensify	38.28	38.28	18.74	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	34.27	70	First Health	First Health	34.27		First Health	First Health	70	70	34.27	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	16.66	36.89	Wellcare	Medicaid	16.66		Wellcare	Medicaid	36.89	36.89	16.66	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	44.06	90	Managed Care Inc	Managed Care Inc	44.06		Managed Care Inc	Managed Care Inc	90	90	44.06	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	39.17	80	Multplan	Multplan	39.17		Multplan	Multplan	80	80	39.17	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	15.2	31.04	WellPoint	WellPoint	15.2		WellPoint	WellPoint	31.04	31.04	15.2	14.38	469.97	percent of total billed charges		
							BRK CHG ANABOLIC STEROIDS 1 OR 2	80327	CPT	outpatient	38.72	75	Quintare	Quintare	38.72		Quintare	Quintare	75	75	38.72	14.38	469.97	percent of total billed charges		
							BRK CHG ALCOHOL	80329	CPT	outpatient	74.92	65	Amerihealth	HMO/PRO	74.92		Amerihealth	HMO/PRO	65	65	74.92	109.5	109.5	percent of total billed charges		
							BRK CHG ALCOHOL	80329	CPT	outpatient	20.44	38.28	Aetna	Better Health	20.44		Aetna	Better Health	38.28	38.28	20.44	109.5	109.5	percent of total billed charges		
							BRK CHG ALCOHOL	80329	CPT	outpatient	44.12	38.28	Horizon	Intensify	44.12		Horizon	Intensify	38.28	38.28	44.12	109.5	109.5	percent of total billed charges		
							BRK CHG ALCOHOL	80329	CPT	outpatient	35	38.8	Aetna	Medicare	35		Aetna	Medicare	38.8	38.8</						

university_hospital	description	last_updated_on	version	hospital_location	address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charges/included_cash	payer_name	plan name	standard_charged/regulated_dollar	standard_charged/regulated_percentage	standard_charged/regulated_algorithm	estimated_amount	standard_charginin	standard_chargemins	standard_chargemethodology	additional_generic_notes
University Hospital	BKR CHG TRICYCLIC ANTIDEPRESS SER/PLM	2025-09-17	20.0	University Hos	192 Berghm St	31019 TN		outpatient			48.96	Horizon	Horizon	Three Rivers	18.74	38.28		9.79	46.51	percent of total billed charges		
	BKR CHG TRICYCLIC ANTIDEPRESS SER/PLM							outpatient			48.96	Horizon	Three Rivers	Three Rivers	46.51	95		9.79	46.51	percent of total billed charges		
	BKR CHG TRICYCLIC ANTIDEPRESS SER/PLM							outpatient			48.96	WellPar	WellPar	15.2	31.04		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Amerihealth	HMO/PP0	31.82	65		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Consumer	Consumer	46.51	95		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Amerihealth	Amerihealth	36.72	75		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	LHC	Medicaid	16.66	34		9.79	46.51	fee schedule			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Horizon	Medicare Blue	14.69	30		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Aetna	Medicare	15.08	30.9		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	First Trienton	First Trienton	44.06	90		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Horizon	WellPar	14.9	30.44		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Multplan	Multplan	39.17	80		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Corrections	Corrections	39.17	80		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Horizon	Indemnity	18.74	38.28		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Aetna	Commercial	18.6	38		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Outcare	Outcare	36.72	75		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	First Health	First Health	34.27	70		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Horizon	PPO	18.74	38.28		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	WellPar	WellPar	15.2	31.04		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Managed Care Inc	Managed Care Inc	44.06	90		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Horizon	MGD	18.74	38.28		9.79	46.51	percent of total billed charges			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Wellcare	Medicaid	16.66	34		9.79	46.51	fee schedule			
	BKR CHG TRAZODONE SER/UM							outpatient			48.96	Three Rivers	Three Rivers	46.51	95		9.79	46.51	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Aetna	Better Health	16.28	30.44		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	PPO	First Trienton	21.63	38.28		65.52	16.66	52.8	percent of total billed charges		
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Consumer	Consumer	52.8	95		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Amerihealth	Amerihealth	414.63	75		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	HMO/PP0	Horizon	26.35	50		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Horizon	Medicare Blue	16.85	30		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	First Health	First Health	36.99	70		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Aetna	Medicare	37.27	30.8		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Aetna	Commercial	210.08	38		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	WellPar	WellPar	17.5	31.04		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	First Trienton	First Trienton	40.56	80		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Wellcare	Medicaid	16.66	34		112.37	16.66	52.8	fee schedule		
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Corrections	Corrections	46.27	80		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Horizon	Indemnity	21.63	38.28		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Multplan	Multplan	44.27	80		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Managed Care Inc	Managed Care Inc	40.56	90		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Horizon	MGD	21.63	38.28		13.14	16.66	52.8	percent of total billed charges		
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Three Rivers	Three Rivers	46.51	95		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	Outcare	Outcare	41.63	75		16.66	52.8	percent of total billed charges			
	BKR CHG PERAMPANEL SER/UM/PLASMA							both			52.84	LHC	Medicaid	16.66	34		79.84	16.66	52.8	fee schedule		
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Amerihealth	Amerihealth	24.48	75		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Aetna	Commercial	12.4	24		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Amerihealth	HMO/PP0	21.22	65		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	First Trienton	First Trienton	29.38	65		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Horizon	Indemnity	12.49	24.9		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	LHC	Medicaid	9.84	19.6		9.79	31.01	fee schedule			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Aetna	Better Health	15.94	30.44		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Aetna	Medicare	10.05	20.8		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Amerihealth	Amerihealth	24.48	75		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	LHC	Medicaid	16.66	34		9.79	31.01	fee schedule			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Amerihealth	HMO/PP0	21.22	65		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	First Trienton	First Trienton	29.38	65		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Indemnity	Indemnity	12.49	24.9		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Aetna	Commercial	12.4	24		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Corrections	Corrections	26.11	38		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Horizon	MGD	12.49	24.9		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Consumer	Consumer	31.01	95		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Horizon	PPO	12.49	24.9		38.28	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	First Health	First Health	23.96	47.9		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Managed Care Inc	Managed Care Inc	29.38	90		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Wellcare	Medicaid	16.66	34		9.79	31.01	fee schedule			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Three Rivers	Three Rivers	46.51	95		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Horizon	Medicare Blue	9.79	30		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Outcare	Outcare	24.48	75		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	WellPar	WellPar	10.13	21.04		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Aetna	Better Health	9.84	20.44		9.79	31.01	percent of total billed charges			
	BKR CHG ANTI-EPILEPTICS NES7 OR MORE							outpatient			32.64	Aetna	Medicare	10.05	20.8		9.79					



description	last_updated_on	version	hospital_location	address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargin	standard_chargemax	standard_chargemethodology	additional_generic_notes
University Hospital	2025-09-17	21.0	University Hospital	150 Bergem St	31019 TN		code	type	code	code												
BKR CHG METHADONE URINE	80358	CPT	both				411358		Managed Care Inc	Managed Care Inc	3862.22							90	4097.9	90	4097.9	percent of total billed charges
BKR CHG METHADONE URINE	80358	CPT	both				411358		Amerihealth	HMO/PRO	2603.83							65	4097.9	90	4097.9	percent of total billed charges
BKR CHG METHADONE URINE	80358	CPT	both				411358		Three Rivers	Three Rivers	4097.9							90	4097.9	90	4097.9	percent of total billed charges
BKR CHG METHADONE URINE	80358	CPT	both				411358		LHC	Medicaid	16.48							38	4097.9	90	4097.9	fee schedule
BKR CHG METHADONE URINE	80358	CPT	both				411358		Multiflex	Multiflex	3456.00							90	4097.9	90	4097.9	percent of total billed charges
BKR CHG METHADONE URINE	80358	CPT	both				411358		WellPoint	WellPoint	1328.94							71	4097.9	90	4097.9	percent of total billed charges
BKR CHG METHADONE URINE	80358	CPT	both				411358		Qualicare	Qualicare	3225.19							10.04	4097.9	90	4097.9	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Americare	Americare	21191							75	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Corrections	Corrections	226.03							80	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Aetna	Better Health	280.01							30.44	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Consumer	Consumer	284.41							95	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Aetna	Medicare	87.02							30.8	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		First Trienton	First Trienton	254.29							90	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Aetna	Commercial	177.37							90	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Amerihealth	HMO/PRO	183.65							65	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		LHC	Medicaid	22.05							38.28	2841.4	90	2841.4	fee schedule
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Horizon	Horizon	193.16							90	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		WellPoint	WellPoint	87.7							11.04	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		First Health	First Health	197.78							90	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Horizon	MGD	38.28							38.28	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Horizon	PPD	103.16							38.28	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Wellcare	Medicaid	22.05							70	2841.4	90	2841.4	fee schedule
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Multiflex	Multiflex	226.03							80	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Horizon	Medicare Blue	84.79							30	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Qualicare	Qualicare	21191							75	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Managed Care Inc	Managed Care Inc	254.29							90	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80359	CPT	outpatient				28254		Three Rivers	Three Rivers	268.41							95	2841.4	90	2841.4	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		LHC	Medicaid	22.05							75	85.68	90	85.68	fee schedule
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Americare	Americare	64.26							95	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Consumer	Consumer	81.4							90	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Horizon	Medicare Blue	25.7							90	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Aetna	Better Health	26.08							30.44	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		First Trienton	First Trienton	77.11							90	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Aetna	Medicare	28.39							30.8	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Wellcare	Medicaid	22.05							90	85.68	90	85.68	fee schedule
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Aetna	Commercial	25.56							90	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Corrections	Corrections	85.54							80	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Amerihealth	HMO/PRO	55.69							65	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		First Health	First Health	59.68							70	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Horizon	Indemnity	38.8							38.28	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		WellPoint	WellPoint	26.8							31.04	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Multiflex	Multiflex	65.54							80	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Horizon	MGD	32.8							38.28	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Qualicare	Qualicare	64.26							75	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		PPD	PPD	32.8							38.28	85.68	90	85.68	percent of total billed charges
BKR CHG METHYLENDIOXYAMPHETAMINES	80360	CPT	outpatient				85.68		Managed Care Inc	Managed Care Inc	77.11							90	85.68	90	85.68	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Three Rivers	Three Rivers	81.4							90	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Aetna	Better Health	82.4							30.44	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Consumer	Consumer	600.78							95	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Aetna	Commercial	260.31							90	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Corrections	Corrections	600.78							95	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Americare	Americare	474.3							75	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Amerihealth	HMO/PRO	411.08							65	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Horizon	MGD	242.08							38.28	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Aetna	Medicare	194.78							30.8	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		First Health	First Health	443.68							70	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		WellPoint	WellPoint	136.3							11.04	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Multiflex	Multiflex	565.92							90	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		First Trienton	First Trienton	90							90	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Horizon	Indemnity	242.08							38.28	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Horizon	PPD	242.08							38.28	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Qualicare	Qualicare	474.3							75	632.4	90	632.4	percent of total billed charges
BKR CHG OPATES 1 OR MORE	80361	CPT	both				632.4		Managed Care Inc	Managed Care Inc	589.16							90	632.4	90		



description	unit	last_updated_on	version	hospital_location	address	license_num	to best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_cdc_type	drug_classification	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs_cash	standard_chargelogs_currency	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemsg	standard_chargemethodology	additional_generic_notes	
University Hospital		2025-09-17	20.0	University Hospital	150 Bergen St	31019	true	category	code	rating														
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		Consumer	Consumer	1176.37	95					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		LHC	Medicaid	376.93	30.44					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		First Health	First Health	866.8	70					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		Horizon	PPD	474.01	38.28					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		MGD	MGD	474.01	38.28			52.32		1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		Managed Care Inc	Managed Care Inc	1114.45	90					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		Multplan	Multplan	990.62	80					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		Three Rivers	Three Rivers	1157.37	95					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		Quakare	Quakare	938.71	75					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		Wellcare	Medicaid	376.93	30.44					1176.37	percent of total billed charges	0.274	
BKR CHG WARFARN (COLUAMIN) SERUM	both	80375	CPT								1238.28		WellPoint	WellPoint	388.36	31.04			30.43		1176.37	percent of total billed charges	0.274	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Amerihealth	HMO/PPD	185.64	65					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Aetna	Better Health	96.96	33.94					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Wellcare	Medicaid	93.96	33.23					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Aetna	Medicare	87.96	30.8					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Americare	Americare	214.2	74.7					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Aetna	Commercial	93.93	33					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		First Trienton	First Trienton	257.04	90					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Consumer	Consumer	217.32	76					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Horizon	Indemnity	193.3	67.7					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		First Health	First Health	189.92	67					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Managed Care Inc	Managed Care Inc	228.28	80					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Corrections	Corrections	228.48	80					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Horizon	Medicare Blue	85.68	30					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		LHC	Medicaid	20.96	7.4					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Quakare	Quakare	214.2	75					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Horizon	MGD	109.33	38.28					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Horizon	PPD	109.33	38.28					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		WellPoint	WellPoint	88.65	31.04					271.32	percent of total billed charges	9.79	
BKR CHG SULFONYLUREA SERUMPLASMA	both	80377	CPT								285.6		Multplan	Multplan	228.48	80					271.32	percent of total billed charges	9.79	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		Three Rivers	Three Rivers	217.32	100					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Aetna	Better Health	51.85	30.44					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Consumer	Consumer	110.82	100					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Corrections	Corrections	88.27	80					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Amerihealth	HMO/PPD	110.72	100					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Aetna	Medicare	62	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Amerihealth	Medicare	62	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Three Rivers	Three Rivers	161.82	100			95		161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Aetna	Commercial	95.18	85.6					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Horizon	Medicare Blue	62	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Quakare	Quakare	127.78	75					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 First Trienton	First Trienton	223.31	90					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Americare	Americare	127.78	75					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 First Health	First Health	119.24	70					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Multplan	Multplan	109.27	80					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Wellcare	Medicaid	21.32	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Wellcare	Medicare	62	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 WellPoint	WellPoint	52.87	31.04					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Horizon	Indemnity	119.97	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Horizon	MGD	119.97	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Horizon	PPD	119.97	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 Managed Care Inc	Managed Care Inc	21.32	21.32					161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 LHC	Medicaid	62	21.32			90		161.82	percent of total billed charges	151.82	
BKR CHG CLINCPATH CONSULTIVO REVIEW MR	outpatient	86560	PT								110.34		71.3 LHC	Medicare	153.3	100					161.82	percent of total billed charges	151.82	
BKR CHG URINE, SPECIFIC GRAVITY	both	81000	PT								6.222		4.62 Horizon	Indemnity	23.82	38.28			10.18		2.35	59.11	percent of total billed charges	2.35
BKR CHG URINE, SPECIFIC GRAVITY	both	81000	PT								6.222		4.62 Amerihealth	HMO/PPD	6	6.36					2.35	59.11	percent of total billed charges	2.35
BKR CHG URINE, SPECIFIC GRAVITY	both	81000	PT								6.222		4.62 Aetna	Better Health	18.94	30.44					2.35	59.11	percent of total billed charges	2.35
BKR CHG URINE, SPECIFIC GRAVITY	both	81000	PT								6.222		4.62 Horizon	NJ Health	2.35	2.81					2.35	59.11	percent of total billed charges	2.35
BKR CHG URINE, SPECIFIC GRAVITY	both	81000	PT								6.222		4.62 Commercial	Commercial	23.84	38					2.35	59.11	percent of total billed charges	2.35
BKR CHG URINE, SPECIFIC GRAVITY	both	81000	PT								6.222		4.62 Aetna	Medicare	4.02	4.23					2.35	59.11	percent of total billed charges	2.35
BKR CHG URINE, SPECIFIC GRAVITY	both	81000	PT																					



description	unit	last_updated_on	version	hospital_location	address_line_one	city	state	zip	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsgs	standard_chargemsgs_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	additional_generic_notes
code	code	2025-09-17	2.0.0	hospital_name	150 Bergen St	Jersey City	NJ	07310	true															
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	2088.61	Aetna	Commercial	3560.88	38			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Corrections	7489.59	80			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	First Health	6989.82	70			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	AmnHealth	184.88				964.21								964.21				8602.0 fee schedule
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Aetna	288.19	30.4			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	First Trienton	8433.67	90			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Americare	7028.06	75			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Horizon	3987.12	38.28			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	WellPoint	2908.68	31.04			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Horizon	MGD	3597.12	38.28		964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Multplan	7489.59	80			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Horizon	NJ Health	3897.83			964.21								964.21				8602.0 fee schedule
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Consumer	8902	95			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	AmnHealth	2882.45	30.44			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Quicare	7028.06	75			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Horizon	PPD	3597.12	38.28		964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Horizon	Medicare Blue	131.12	30		964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Managed Care Inc	8433.67	90			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	LHC	162.88				964.21								964.21				8602.0 fee schedule
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Three Rivers	802	95			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Wellcare	2825.45	30.44			964.21								964.21				8602.0 percent of total billed charges
BKR CHQ VISTASEQ HERED. CANCER PANEL	PT	81162	CPT	both	930.74	2088.61	Aetna	184.88				964.21								964.21				8602.0 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Aetna	432.56	38			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Wellcare	584.23				3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Aetna	345.5	30.44			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	First Health	796.82	70			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	AmnHealth	739.91	65			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Aetna	345.5	30.44			3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	584.23				3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	WellPoint	353.33	31.04			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	MGD	353.75	38.28		3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Americare	863.74	75			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Multplan	910.86	80			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Corrections	303.66				3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Quicare	7028.06	75			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Consumer	843.33	95			3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	LHC	162.88				3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	Medicare Blue	341.5	30		3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	First Trienton	1024.49	90			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	LHC	487.38				3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	Indemnity	435.75	38.28		3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Wellcare	435.75	38.28			3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	NJ Health	458.03			3415								3415				1081.4 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	PPD	435.75	38.28		3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Managed Care Inc	1024.49	90			3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	Three Rivers	1081.4	95		3415								3415				1081.4 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Aetna	345.5	30.44			910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	AmnHealth	137				910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Corrections	291.78	30.44			910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	First Trienton	862	90			910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Americare	181.91	20.41			910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	AmnHealth	621.06	65			910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Aetna	137				910.62								910.62				910.62 fee schedule
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	Indemnity	366.93	38.28		910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Horizon	MGD	366.93	38.28		910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	First Health	919.99	70			910.62								910.62				910.62 percent of total billed charges
BKR CHQ BRASSIURE DELIOP	outpatient	81164	CPT	outpatient	1138.32	671.86	Consumer	910.62	95			910.62												





description	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	code	unit	rate	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes	
BRK CHD C/OTYCHROME P450 2C19 (MSD)	2025-09-17	2.0.0	1901	1901		602.82	335.06	Horizon			602.82	335.06	Horizon	Medicare Blue			30				572.68	percent of total billed charges	134.03
BRK CHD C/OTYCHROME P450 2C19 (MSD)	19225	CPT	outpatient			602.82	335.06	Horizon			602.82	335.06	Horizon	Medicare	291.36						572.68	percent of total billed charges	134.03
BRK CHD C/OTYCHROME P450 2C19 (MSD)	19225	CPT	outpatient			602.82	335.06	Managed Care Inc.			602.82	335.06	Managed Care Inc.	Medicare	64.24						572.68	percent of total billed charges	134.03
BRK CHD C/OTYCHROME P450 2C19 (MSD)	19225	CPT	outpatient			602.82	335.06	Wellcare			602.82	335.06	Wellcare	Medicare	291.36						572.68	percent of total billed charges	134.03
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Aetna			446.76	184.75	Aetna	Commercial	137.0						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	First Health			446.76	184.75	First Health	First Health	312.73						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Aetna			446.76	184.75	Aetna	Better Health	155.99						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Horizon			446.76	184.75	Horizon	Indemnity	171.02						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	American			446.76	184.75	American	American	335.07						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Consumer			446.76	184.75	Consumer	Consumer	424.42						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Amerihealth			446.76	184.75	Amerihealth	Medicare	65.91						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	First Trenton			446.76	184.75	First Trenton	First Trenton	472.02						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Horizon			446.76	184.75	Horizon	MGD	110.28						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Multplan			446.76	184.75	Multplan	Multplan	327.41						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Aetna			446.76	184.75	Aetna	Commercial	140.03						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Horizon			446.76	184.75	Horizon	Medicare Blue	163.77						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Amerihealth			446.76	184.75	Amerihealth	HMO/PO	207.71						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Three Rivers			446.76	184.75	Three Rivers	Three Rivers	424.42						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Horizon			446.76	184.75	Horizon	Corrections	307.41						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Horizon			446.76	184.75	Horizon	PRO	171.02						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Wellcare			446.76	184.75	Wellcare	Medicare	450.91						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Quicare			446.76	184.75	Quicare	Quicare	357.07						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	WellPoint			446.76	184.75	WellPoint	WellPoint	138.67						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	Managed Care Inc.			446.76	184.75	Managed Care Inc.	Managed Care Inc.	402.08						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	LHC			446.76	184.75	LHC	Medicare Blue	155.99						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19226	CPT	inpatient			446.76	184.75	LHC			446.76	184.75	LHC	Medicare	450.91						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHROME P450 2D6 GENOTYPING	19227	CPT	inpatient			446.76	184.75	Wellcare			446.76	184.75	Wellcare	Medicaid	155.99						446.76	percent of total billed charges	111.38
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Corrections			569.16	201.03	Corrections	Corrections	426.53						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Wellcare			569.16	201.03	Wellcare	Medicaid	173.25						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Aetna			569.16	201.03	Aetna	Commercial	216.26						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	American			569.16	201.03	American	American	426.87						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Aetna			569.16	201.03	Aetna	Better Health	173.25						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	LHC			569.16	201.03	LHC	Medicare	174.81						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	First Health			569.16	201.03	First Health	First Health	184.41						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Wellcare			569.16	201.03	Wellcare	Medicare	174.81						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	WellPoint			569.16	201.03	WellPoint	WellPoint	176.67						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Amerihealth			569.16	201.03	Amerihealth	HMO/PO	56.76						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Aetna			569.16	201.03	Aetna	Medicare	175.3						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Consumer			569.16	201.03	Consumer	Consumer	540.7						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Amerihealth			569.16	201.03	Amerihealth	Medicare	174.81						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	First Trenton			569.16	201.03	First Trenton	First Trenton	512.24						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Horizon			569.16	201.03	Horizon	MGD	157.87						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Horizon			569.16	201.03	Horizon	Indemnity	217.87						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Multplan			569.16	201.03	Multplan	Multplan	425.33						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Horizon			569.16	201.03	Horizon	Medicare Blue	170.75						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Quicare			569.16	201.03	Quicare	Quicare	426.87						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Horizon			569.16	201.03	Horizon	PRO	217.87						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	LHC			569.16	201.03	LHC	Medicaid	173.25						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Managed Care Inc.			569.16	201.03	Managed Care Inc.	Managed Care Inc.	512.24						569.16	percent of total billed charges	85.76
BRK CHD C/OTYCHRM P450 2C3 GENO (SI883)	19227	CPT	outpatient			569.16	201.03	Three Rivers			569.16	201.03	Three Rivers	Three Rivers	540.7						569.16	percent of total billed charges	85.76
BRK CHD REVEAL SNP MICROARRAY FE68/476	19229	CPT	both			457.68	1334	Amerihealth			457.68	1334	Amerihealth	Medicare	1160						457.68	percent of total billed charges	444.9
BRK CHD REVEAL SNP MICROARRAY FE68/476	19229	CPT	both			457.68	1334	American			457.68	1334	American	American	3526.76						457.68	percent of total billed charges	444.9
BRK CHD REVEAL SNP MICROARRAY FE68/476	19229	CPT	both			457.68	1334	Aetna			457.68	1334	Aetna	Better Health	204.4						457.68	percent of total billed charges	444.9
BRK CHD REVEAL SNP MICROARRAY FE68/476	19229	CPT	both			457.68	1334	Aetna			457.68	1334											

Hospital	last_updated_on	version	hospital_location	address	license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cmsrpt_count	page_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargeymin	standard_chargemax	standard_chargemethodology	additional_generic_notes
University Hospital	2025-09-17	20.0	OH	100	100															
description	code	unit	code	type	rating	category	category	category	category	category	category	category	category	category	category	category	category	category	category	category
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Aetna	Better Health							1074.29	30.44		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Aetna	Commercial							1341.1	38		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 American	American							2926.69	75		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Consumer	Consumer							3352.74	95		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Horizon	Horizon							2623.36	80		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Amerihealth	HMO/PO							36.82			36.83			3352.74 fee schedule	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Corrections	Corrections							2823.36	80		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 WellSpan	WellSpan							1292.46	37	43.41	26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 First Health	First Health							2470.44	70		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Horizon	Horizon							1306.98	38.28		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Horizon	Horizon							1306.98	38.28		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Horizon	NJ Health							32.46			16.31			3352.74 fee schedule	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Quaker	Quaker							2646.9	75		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 UHC	Medicaid							52.95			77.15			3352.74 fee schedule	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 First Tention	First Tention							3176.28	90		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Horizon	Medicare Blue							1026.76	30		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Three Rivers	Three Rivers							3352.74	100		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 UHC	Medicare							65.69			26.93			3352.74 fee schedule	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Managed Care Inc	Managed Care Inc							3176.28	90		26.93			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Horizon	PPD							192.98	38.28		86.99			3352.74 percent of total billed charges	
BKR CHQ PROTHROMBIN G2020ALUMINATIONP	81240	CPT	both	3529.2	75.54 Wellcare	Medicare							65.69		8.43	26.93			3352.74 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Amerihealth	HMO/PO							45.35			41.31			594.97 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 American	American							499.71	75		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 American	American							73.37			41.31			594.97 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Aetna	Better Health							160.64	30.44		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 UHC	Medicare							73.37			41.31			594.97 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 UHC	Medicaid							58.7			47.77			594.97 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 First Tention	First Tention							593.65	90		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Aetna	Medicare							73.37			41.31			594.97 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Horizon	NJ Health							53.82			10.05			594.97 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Aetna	Commercial							27.96	38		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Corrections	Corrections							501.02	80		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Consumer	Consumer							594.97	95		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 WellSpan	WellSpan							194.1	29.72		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Horizon	Intensify							239.74	38.28		60.54			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Horizon	MGD							239.74	38.28		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 First Health	First Health							484.1	70		22.95			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Wellcare	Medicaid							58.7			41.31			594.97 fee schedule	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Multicare	Multicare							501.02	80		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Horizon	PPD							239.74	38.28		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Horizon	Medicare Blue							187.88	30		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Managed Care Inc	Managed Care Inc							493.65	90		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Quaker	Quaker							499.71	75		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Three Rivers	Three Rivers							594.97	95		41.31			594.97 percent of total billed charges	
BKR CHQ FACTOR V LEIDEN RFLX TO R2	81241	CPT	both	626.28	84.38 Wellcare	Medicare							73.37		9.4	41.31			594.97 fee schedule	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Aetna	Commercial							30.15	38		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Amerihealth	Medicare							151.56	23.26		733.88 percent of total billed charges			733.88 fee schedule	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Consumer	Consumer							292.88	38		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Amerihealth	HMO/PO							65.26			23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Aetna	Better Health							241.81	30.44		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Horizon	PPD							303.77	38		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Corrections	Corrections							634.85	80		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 American	American							95.17	75		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 UHC	Medicare							57.04			23.26			733.88 fee schedule	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 First Tention	First Tention							71.72	30		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 WellSpan	WellSpan							246.32	31.04		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Horizon	Intensify							303.77	38.28		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Aetna	Medicare							57.04			23.26			733.88 fee schedule	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Wellcare	Medicaid							45.63			23.26			733.88 fee schedule	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 First Health	First Health							565.49	70		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Horizon	Medicare Blue							230.07	30		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Horizon	MGD							313.77	38.28		28.19			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Quaker	Quaker							585.17	75		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.56	66.6 Managed Care Inc	Managed Care Inc							714.2	90		23.26			733.88 percent of total billed charges	
BKR CHQ FRAGILE X SYNDROME CARRIER (S	81243	CPT	both	793.5																



hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cmsr_cash	payer_name	plan_name	standard_chargingnegligible_dollar	standard_chargingnegligible_percentage	standard_chargingnegligible_algorithm	estimated_amount	standard_charginpin	standard_charginpin	standard_charginpin	standard_charginpin	standard_charginpin	standard_charginpin	additional_generic_notes		
University Hospital	2025-09-17	21.0	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca	ca		
description	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	
BKR CHQ REVEAL SNP MICROCARRAY(10146)	81277	CPT	3801.52	1334	Horizon	3801.52	NI Health	3801.52	3801.52	NI Health	3801.52	3801.52	3801.52	0	134.03	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	
BKR CHQ REVEAL SNP MICROCARRAY(10146)	81277	CPT	3801.52	1334	Horizon	3801.52	Multiplex	3801.52	3801.52	Multiplex	3801.52	3801.52	3801.52	80	134.03	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	
BKR CHQ REVEAL SNP MICROCARRAY(10146)	81277	CPT	3801.52	1334	Horizon	3801.52	Medicaid	3801.52	3801.52	Medicaid	3801.52	3801.52	3801.52	75	134.03	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	
BKR CHQ REVEAL SNP MICROCARRAY(10146)	81277	CPT	3801.52	1334	Horizon	3801.52	PPO	3801.52	3801.52	PPO	3801.52	3801.52	3801.52	38.28	134.03	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	
BKR CHQ REVEAL SNP MICROCARRAY(10146)	81277	CPT	3801.52	1334	Wellcare	3801.52	Medicaid	3801.52	3801.52	Medicaid	3801.52	3801.52	3801.52	90	134.03	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	
BKR CHQ REVEAL SNP MICROCARRAY(10146)	81277	CPT	3801.52	1334	Wellcare	3801.52	Outrate	3801.52	3801.52	Outrate	3801.52	3801.52	3801.52	75	134.03	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	
BKR CHQ REVEAL SNP MICROCARRAY(10146)	81277	CPT	3801.52	1334	WellCare	3801.52	WellPart	3801.52	3801.52	WellPart	3801.52	3801.52	3801.52	31.04	134.03	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	3801.52	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Corrections	1056.72	Corrections	1056.72	1056.72	Corrections	1056.72	1056.72	1056.72	90	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Amerihealth	1056.72	Medicare	1056.72	1056.72	Medicare	1056.72	1056.72	1056.72	18.2	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Aetna	1056.72	Better Health	1056.72	32.167	1056.72	32.167	1056.72	32.167	30.44	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	American	1056.72	Medicare	1056.72	292.54	1056.72	292.54	1056.72	292.54	75	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Aetna	1056.72	Commercial	1056.72	41.155	1056.72	41.155	1056.72	41.155	38	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	First Trienton	1056.72	First Trienton	1056.72	90.105	1056.72	90.105	1056.72	90.105	38	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	First Health	1056.72	First Health	1056.72	138.7	1056.72	138.7	1056.72	138.7	70	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Amerihealth	1056.72	HMO/PRO	1056.72	686.87	1056.72	686.87	1056.72	686.87	65	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Wellcare	1056.72	Medicare	1056.72	18.2	1056.72	18.2	1056.72	18.2	30.44	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	LHC	1056.72	Medicaid	1056.72	32.167	1056.72	32.167	1056.72	32.167	30.44	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Wellcare	1056.72	Medicaid	1056.72	32.167	1056.72	32.167	1056.72	32.167	30.44	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Consumer	1056.72	Consumer	1056.72	303.88	1056.72	303.88	1056.72	303.88	95	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Aetna	1056.72	Medicare	1056.72	25.47	1056.72	25.47	1056.72	25.47	30.4	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Horizon	1056.72	PPO	1056.72	40.51	1056.72	40.51	1056.72	40.51	38.28	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	LHC	1056.72	Medicare	1056.72	18.2	1056.72	18.2	1056.72	18.2	30.44	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Horizon	1056.72	Intensly	1056.72	434.51	1056.72	434.51	1056.72	434.51	38.28	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Horizon	1056.72	MCD	1056.72	40.51	1056.72	40.51	1056.72	40.51	38.28	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Wellcare	1056.72	WellPart	1056.72	230.01	1056.72	230.01	1056.72	230.01	31.04	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Horizon	1056.72	Medicare Blue	1056.72	317.02	1056.72	317.02	1056.72	317.02	30	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Managed Care Inc	1056.72	Managed Care Inc	1056.72	90.105	1056.72	90.105	1056.72	90.105	90	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Multplan	1056.72	Multplan	1056.72	945.38	1056.72	945.38	1056.72	945.38	90	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Three Rivers	1056.72	Three Rivers	1056.72	1003.88	1056.72	1003.88	1056.72	1003.88	95	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ JAK2 EXON 12 13 14 S1 MUTATION	81279	CPT	1056.72	212.98	Outrate	1056.72	Outrate	1056.72	792.54	1056.72	792.54	1056.72	792.54	95	100.88	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	1056.72	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	Aetna	341.7	Better Health	341.7	141.41	341.7	141.41	341.7	141.41	64.87	324.62	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	Consumer	341.7	Consumer	341.62	34.62	341.7	34.62	341.7	34.62	75	324.62	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	Aetna	341.7	Medicare	341.64	34.62	341.7	34.62	341.7	34.62	35.49	324.62	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	Multiplex	341.7	Multiplex	341.39	35.49	341.7	35.49	341.7	35.49	80	324.62	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	Amerihealth	341.7	HMO/PRO	341.64	35.49	341.7	35.49	341.7	35.49	35.49	324.62	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	Aetna	341.7	Commercial	326.95	35.49	341.7	35.49	341.7	35.49	35.49	324.62	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	First Trienton	341.7	First Trienton	341.63	35.49	341.7	35.49	341.7	35.49	90	324.62	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	341.7	
BKR CHQ MGMT PROMOTER METHYLN DET	81287	CPT	341.7	143.34	American	341.7	American	256.28	35.49	341.7	35.49	341.7	35.49	90	324.62	341.7	341.7	3							

name	hospital_location,address,license_num	last_updated_on	version	code	code_type	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsgs	standard_chargemsgs_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemsn	standard_chargemsn	standard_chargemsn	standard_chargemsn	additional_generic_notes	
University Hospital	University Hospital 1900 Bergem St	2025-09-17	2.0.0	csn011	code	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsgs	standard_chargemsgs_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemsn	standard_chargemsn	standard_chargemsn	standard_chargemsn	additional_generic_notes	
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Consumer	Consumer				95	26.83				82.53	679.27 percent of total billed charges	
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Horizon	Medicare Blue		214.51			30	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Aetna	Better Health		216.66		30.44	26.83					82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 UHC	Medicare		213.3			38	26.83				82.53	679.27 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Aetna	Commercial		171.71			30.44	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 UHC	Medicaid		170.64			38	26.83				82.53	679.27 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Corrections	Corrections		572.02			80	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Amerihealth	Medicare		213.3			30.44	26.83				82.53	679.27 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 First Health	First Health		201.53		70	26.83					82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Wellcare	Medicare		50.17			38.28	26.83				82.53	679.27 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 First Trienton	First Trienton		643.52			90	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Horizon	MGD		273.71			38.28	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Multplan	Multplan		572.02			80	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Wellfart	Wellfart		212.14			31.04	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Quicare	Quicare		586.27			75	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Horizon	Indemnity		273.71			38.28	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Horizon	PPD		273.71			38.28	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Managed Care Inc	Managed Care Inc		643.52			90	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Three Rivers	Three Rivers		679.27			95	26.83				82.53	679.27 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81297	CPT	81297	outpatient					715.02	246.3 Wellcare	Medicare		170.64			30.44	26.83				82.53	679.27 fee schedule
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Horizon	MGD		1191.67		38.28	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Consumer	Consumer		2957.39			95	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Aetna	Medicare		641.85			30.44	196.57				196.57	2957.39 fee schedule
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Aetna	Better Health		947.61			30.44	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Amerihealth	Amerihealth		233.78		75	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Wellcare	Medicare		641.85			30.44	196.57				196.57	2957.39 fee schedule
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Amerihealth	HMO/PPD		196.57			196.57					196.57	2957.39 fee schedule
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Amerihealth	Medicare		611.85			30.44	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 First Trienton	First Trienton		281.74		90	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 First Health	First Health		2193.13			30.44	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Horizon	Medicare Blue		631.91			38.28	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Aetna	Commercial		1182.96			70	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Horizon	PPD		1191.67		38.28	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Wellcare	Medicaid		134.8			30.44	196.57				196.57	2957.39 fee schedule
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 UHC	Medicaid		514.48			38.28	196.57				196.57	2957.39 fee schedule
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Corrections	Corrections		2483.43			80	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Managed Care Inc	Managed Care Inc		281.74		90	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Horizon	Indemnity		1191.67		38.28	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Three Rivers	Three Rivers		2957.39			95	196.57				196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Wellfart	Wellfart		966.29		31.04	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Multplan	Multplan		2493.43		80	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 Quicare	Quicare		233.78		75	196.57					196.57	2957.39 percent of total billed charges
BKR CHQ MSHG GENE ANNA.FULL SEQMSO		81298	CPT	81298	outpatient					3113.04	728.13 UHC	Medicare		641.85			30.44	196.57				196.57	2957.39 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Aetna	Better Health		242.8		70	87.95					87.95	757.76 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Amerihealth	HMO/PPD		87.95			87.95					87.95	757.76 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Aetna	Medicare		238			87.95					87.95	757.76 fee schedule
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Corrections	Corrections		638.11		80	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Horizon	MGD		305.34		38.28	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Consumer	Consumer		707.76		95	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Horizon	Indemnity		305.34		38.28	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Aetna	Commercial		300.1		38	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 First Health	First Health		65.36		70	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Aetna	Medicare		988.23		75	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Amerihealth	Amerihealth		300.1		38	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 First Trienton	First Trienton		717.88		31.04	87.95					87.95	757.76 percent of total billed charges
BKR CHQ MLHG GENE DUPLETELE VARIANT		81300	CPT	81300	outpatient					797.64	273.7 Wellfart	Wellfart		671.59									





description	hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegroup	standard_chargegroupid	cash	payer_name	plan_name	standard_chargeregulated	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	First Health	First Health	Medicare	618.9	70	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Amerehealth	HMO/PRO	Medicare	572.83	65	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Aetna	Medicare	Commercial	28.44	75	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Aetna	Medicare	Commercial	174.81	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	American	Medicare	Commercial	174.81	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Consumer	Medicare	Commercial	660.96	95	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Consumer	Medicare	Commercial	837.22	75	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Horizon	Medicare	Commercial	37.35	38.28	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	LHC	Medicare	Commercial	174.81	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Multiple	Medicare	Commercial	705.02	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Aetna	Medicare	Commercial	34.69	38	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Conectons	Medicare	Commercial	75.02	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Horizon	MCO	Medicare	37.35	38.28	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Quicare	Medicare	Commercial	69.96	75	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Horizon	Medicare	Blue	264.38	30	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Horizon	NJ Health	Medicare	174.81	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	UHC	Medicare	Commercial	139.85	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	WellPoint	WellPoint	Medicare	273.55	31.04	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Horizon	PPO	Medicare	107.35	38.28	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Managed Care Inc	Managed Care Inc	Medicare	793.15	90	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	Three Rivers	Three Rivers	Medicare	377.22	95	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	88128	201.03	WellCare	Medicare	Commercial	139.85	80	137.04	837.22	percent of total billed charges	137.04										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Amerehealth	Medicare	Commercial	103.33	100.26	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Aetna	Medicare	Commercial	60.33	100.26	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	American	Medicare	Commercial	864.45	75	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Consumer	Medicare	Commercial	1064.97	90	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Aetna	Medicare	Commercial	30.65	30.44	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	First Trenton	First Trenton	Medicare	107.34	90	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Horizon	MCO	Medicare	47.22	38.28	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	First Health	First Health	Medicare	89.80	70	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Aetna	Medicare	Commercial	47.99	38	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Amerehealth	HMO/PRO	Medicare	748.19	65	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	LHC	Medicare	Commercial	20.95	80	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Multiple	Medicare	Commercial	922.08	80	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	WellCare	Medicare	Commercial	60.33	100.26	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Managed Care Inc	Managed Care Inc	Medicare	107.34	90	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Horizon	PPO	Medicare	44.22	38.28	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Quicare	Medicare	Commercial	64.45	75	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	WellPoint	WellPoint	Medicare	357.77	100.26	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Conectons	Conectons	Medicare	922.08	80	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Three Rivers	Three Rivers	Medicare	504.07	95	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	LHC	Medicare	Commercial	150.33	100.26	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	WellCare	Medicare	Commercial	100.26	38.28	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ TPM GENETIC TEST - GENOTYPE	81335	CPT	both	1152.6	172.88	Horizon	Medicare	Blue	345.78	30	1094.97	100.26	percent of total billed charges	1094.97										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Amerehealth	Medicare	Commercial	285.92	116.13	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Horizon	MCO	Medicare	45.36	38.28	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	First Health	First Health	Medicare	766.11	70	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	First Trenton	First Trenton	Medicare	1023.57	90	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Aetna	Medicare	Commercial	248.19	30.44	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	American	Medicare	Commercial	852.98	75	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Consumer	Medicare	Commercial	1063.64	95	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Aetna	Medicare	Commercial	285.92	116.13	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Conectons	Conectons	Medicare	909.84	80	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Horizon	PPO	Medicare	45.36	38.28	1080.44	100.44	percent of total billed charges	1080.44										
BKR CHQ T CELL ANTIGEN BETA	81340	CPT	both	1137.3	240.26	Multiple	Medicare	Commercial	909.84	80	1080.44	100.44	percent of total billed charges	1080.44										



hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	effective_date	charge_type	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs/cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetms/technology	additional_generic_notes								
University Hospital	2025-04-17	20.0	hospital	1500	31019	true																								
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	Horizon	NJ Health				433.36									284.3	1241.29 fee schedule									
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	Horizon	MD				501.17										284.3	1241.29 percent of total billed charges								
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	Horizon	Indemnity				493.17										284.3	1241.29 percent of total billed charges								
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	UHC	Medicaid				321.7										284.3	1241.29 fee schedule								
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	Managed Care Inc	Managed Care Inc														90	175.96	1241.29 percent of total billed charges							
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	UHC	Medicare				422.12											284.3	1241.29 fee schedule							
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	Horizon	PPO				501.17										38.28	284.3	1241.29 percent of total billed charges							
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	Wellpoint	WellPoint				405.57											31.04	284.3	1241.29 percent of total billed charges						
BKR CHQ HL.ABC.DR1345 DO INTERN RES	81330	CPT	both	1306.62	462.44	Wellpoint	WellPoint				405.57												31.04	284.3	1241.29 percent of total billed charges					
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	First Health	First Health				865.36											70	1201.56	1201.56 percent of total billed charges						
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Wellcare	Medicare				403.59												92.11	1201.56	1201.56 percent of total billed charges					
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Aetna	Aetna				403.59												92.11	1201.56	1201.56 percent of total billed charges					
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	American	American				948.6												75	1201.56	1201.56 percent of total billed charges					
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Aetna	Better Health				365.01												30.44	1201.56	1201.56 percent of total billed charges					
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	UHC	Medicare				403.59													92.11	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Aetna	Commercial				480.62													38	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Wellcare	Medicaid				322.87													92.11	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Horizon	PPO				494.17													38.28	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Wellpoint	WellPoint				362.59													31.04	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Corrections	Corrections				101.84													80	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Amerihealth	HMO/PO				163.93													92.11	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Amerihealth	Medicare				403.59													92.11	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Horizon	MD				484.17													38.28	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Multiflan	Multiflan				1011.84													80	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Three Rivers	Three Rivers				1201.56													95	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Horizon	Indemnity				494.17													38.28	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Consumer	Consumer				1201.56													95	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Questare	Questare				948.6													75	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	First Trenton	First Trenton				1198.30													70	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Horizon	Medicare Blue				379.44													92.11	1201.56	1201.56 percent of total billed charges				
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Horizon	NJ Health				238.06														92.11	1201.56	1201.56 percent of total billed charges			
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	UHC	Medicaid				282.87														92.11	1201.56	1201.56 percent of total billed charges			
BKR CHQ HL.A.B.C.(R)	81332	CPT	outpatient	1264.8	464.13	Managed Care Inc	Managed Care Inc				1188.32														90	1201.56	1201.56 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Aetna	Medicare				127.43													104	1003.88	1003.88 fee schedule				
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Aetna	American				92.64													75	104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Amerihealth	Medicare				127.43													104	1003.88	1003.88 fee schedule				
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Consumer	Consumer				1023.88													95	104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Aetna	Better Health				321.67													30.44	104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Questare	Questare				792.54													75	104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Horizon	PPO				1044.51													38.28	104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Corrections	Corrections				845.38													80	104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Amerihealth	HMO/PO				62.85														104	1003.88	1003.88 fee schedule			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Horizon	Medicare Blue				171.02														104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	First Trenton	First Trenton				951.05														90	104	1003.88	1003.88 percent of total billed charges		
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Horizon	Indemnity				494.17														38.28	2872	104	1003.88	1003.88 percent of total billed charges	
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Aetna	Commercial				461.56														18.4	104	1003.88	1003.88 percent of total billed charges		
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Multiflan	Multiflan				845.38														80	104	1003.88	1003.88 percent of total billed charges		
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Wellcare	Medicaid				101.94														104	1003.88	1003.88 fee schedule			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Horizon	MD				424.51														38.28	104	1003.88	1003.88 percent of total billed charges		
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	First Health	First Health				789.7														104	1003.88	1003.88 percent of total billed charges			
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Three Rivers	Three Rivers				1023.88														95	104	1003.88	1003.88 percent of total billed charges		
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Managed Care Inc	Managed Care Inc				951.05														90	104	1003.88	1003.88 percent of total billed charges		
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	Horizon	NJ Health				1201.01															104	1003.88	1003.88 fee schedule		
BKR CHQ HL.A.C	81333	CPT	both	1056.72	146.54	UHC	Medicaid				127.43															104	1003.88	1003.88 fee schedule		
BKR CHQ HL.A.C	81333																													







hospital_name	hospital_location_address_line_num10 to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	last_updated_on	2025-09-17	20.0	130119 True	type	code	category	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payor_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginet	standard_chargimes	standard_charginettechnology	additional_generic_names	
University Hospital		2025-09-17	20.0	130119 True																				
BKR CHD NPT CELL FREE FETAL DNA ANEUPLOIDY/ANALYSIS OF 13,18,21,X,X,Y		81420	CPT									142920		8729 J LHC	Medicaid	607.24			155.31				281.83	
BKR CHD NPT CELL FREE FETAL DNA ANEUPLOIDY/ANALYSIS OF 13,18,21,X,X,Y		81420	CPT									142920		8729 J Corrections	Corrections	1143.22			80				281.83	1357.57 percent of total billed charges
BKR CHD NPT CELL FREE FETAL DNA ANEUPLOIDY/ANALYSIS OF 13,18,21,X,X,Y		81420	CPT									142920		8729 J Quikcare	Quikcare	107.177			75				281.83	1357.57 percent of total billed charges
BKR CHD NPT CELL FREE FETAL DNA ANEUPLOIDY/ANALYSIS OF 13,18,21,X,X,Y		81420	CPT									142920		8729 J Three Rivers	Three Rivers	153.75			95				281.83	1357.57 percent of total billed charges
BKR CHD NPT CELL FREE FETAL DNA ANEUPLOIDY/ANALYSIS OF 13,18,21,X,X,Y		81420	CPT									142920		8729 J Wellpoint	Wellpoint	427.57			31.04				281.83	1357.57 percent of total billed charges
BKR CHD NPT CELL FREE FETAL DNA ANEUPLOIDY/ANALYSIS OF 13,18,21,X,X,Y		81420	CPT									142920		8729 J Wellcare	Medicaid	607.24			238.87	241.35			281.83	1357.57 fee schedule
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Amerihealth	HMO/PPD	3097.24			65				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Aetna	Better Health	1444.39			30.44				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Aetna	Commercial	180.12			38				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Aetna	Medicare	359.05			75				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Aetna	American	359.78			75				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J First Health	First Health	337.153			70				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Consumer	Consumer	4507.79			95				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Horizon	Medicare	799.05			38.28				607.24	4507.79 fee schedule
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Horizon	Indemnity	18.94			38.28				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J LHC	Medicaid	607.24			30.44				607.24	4507.79 fee schedule
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J LHC	Medicare	799.05			30.44				607.24	4507.79 fee schedule
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J First Trenton	First Trenton	420.54			90				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Horizon	Medicare Blue	142.351			90				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Managed Care Inc	Managed Care Inc	420.54			90				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Corrections	Corrections	107.177			80				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Wellcare	Medicaid	607.24			30.44				607.24	4507.79 fee schedule
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Wellcare	Medicare	3766.03			80				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Horizon	MD	18.94			38.28				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Horizon	PPD	18.94			38.28				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Horizon	NI Health	629.02			38.28				607.24	4507.79 fee schedule
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Quikcare	Quikcare	599.78			75				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Wellpoint	Wellpoint	1472.86			31.04				607.24	4507.79 percent of total billed charges
BKR CHD PRENATAL NOONAN SYNDROME		81422	CPT									474504		8729 J Three Rivers	Three Rivers	4507.79			95				607.24	4507.79 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Aetna	Medicare	1625			1300				5012.64	100 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 First Trenton	First Trenton	4748.81			90				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Consumer	Consumer	5012.64			1300				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Aetna	Better Health	1605.15			30.44				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Amerihealth	HMO/PPD	3429.7			75				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 American	American	3957.35			75				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 First Health	First Health	3053.52			70				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 LHC	Medicaid	1625			1300				1300	5012.64 fee schedule
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Horizon	Medicare Blue	1582.94			30				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Horizon	Indemnity	2019.83			38.28				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Corrections	Corrections	107.177			80				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Aetna	Commercial	2005.55			38				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Horizon	MD	18.94			38.28				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 LHC	Medicaid	1625			1300				1300	5012.64 fee schedule
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Wellcare	Medicare	1625			1300				1300	5012.64 fee schedule
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Wellcare	PPD	2019.83			38.28				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Quikcare	Quikcare	3987.35			75				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Wellpoint	Wellpoint	1472.86			31.04				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Managed Care Inc	Managed Care Inc	4748.81			90				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Three Rivers	Three Rivers	5012.64			95				1300	5012.64 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL		81430	output									5276.46		1888.75 Wellcare	Medicaid	1300			1300				1300	5012.64 fee schedule
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 American	American	1654			75				543.66	2096.95 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 Aetna	Commercial	1638.38			38				543.66	2096.95 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 Wellcare	Medicare	679.57			75				543.66	2096.95 fee schedule
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 Amerihealth	Medicare	679.57			38.28				543.66	2096.95 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 Horizon	MD	18.94			38.28				543.66	2096.95 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 Aetna	Medicare	679.57			75				543.66	2096.95 fee schedule
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 LHC	Medicare	679.57			30.44				543.66	2096.95 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output									2206.26		781.51 Wellpoint	Wellpoint	684.82			31.04				543.66	2096.95 percent of total billed charges
BKR CHD HEARING LOSS GEN SED ANL DLP		81431	output																					





description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargediscounted_cash	payer_name	plan_name	standard_chargedisregarded_dollar	standard_chargedisregarded_percentage	standard_chargedisregarded_algorithm	estimated_amount	standard_charginum	standard_chargemsg	standard_chargemsgtechnology	additional_generic_notes
code	code	2025-09-17	20.0	University Hospital	University Hospital 150 Bergen St	3/19/19 true														
BKR CHG LIVER FIBROSIS	8196F	CPT							8302	Managed Care Inc	Managed Care Inc		66,643	90		66,643	56.6		701.56 percent of total billed charges	
BKR CHG LIVER FIBROSIS	8196F	CPT						8302	Three Rivers	Three Rivers		701.56	95			701.56	56.6		701.56 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						5.2	First Health	First Trienton		43.15	90			43.15	6.84		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Amerihealth	HMO/PPD		7.3		8.18	7.3	3.62		45.54 fee schedule	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	First Health	First Health		35.56	70		35.56	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Corrections	Corrections		38.35	80		38.35	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Amerihealth	Amerihealth		35.96	75		35.96	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Aetna	Medicare		4.52			4.52	4.71		45.54 fee schedule	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Aetna	Better Health		14.59	30.44		14.59	12.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Aetna	Commercial		18.22	38		18.22	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Horizon	Indemnity		18.35	90		18.35	6.84		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Multplan	Multplan		38.35	80		38.35	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	LHC	Medicare		4.52		5.78	4.52	3.62		45.54 fee schedule	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Horizon	MID		19.35	38.28		19.35	6.61		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Horizon	Medicare Blue		14.38	30		14.38	6.13		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Horizon	NJ Health		8.8		2.57	3.62		45.54 fee schedule		
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Amerihealth	Medicare		4.52			4.52	3.62		45.54 fee schedule	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Consumer	Consumer		45.54	95		45.54	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Managed Care Inc	Managed Care Inc		43.15	90		43.15	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Quintare	Quintare		35.96	75		35.96	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Wellcare	Medicare		4.52		7.37	4.52	3.62		45.54 fee schedule	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Horizon	PPD		18.35	38.28		18.35	14.14		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Wellcare	Medicaid		1.62		12.49	1.62		45.54 fee schedule		
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	Three Rivers	Three Rivers		45.54	95		45.54	3.62		45.54 percent of total billed charges	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	LHC	Medicaid		3.62			3.62	12.08		45.54 fee schedule	
BKR CHG ACETONE SERUM	82009	CPT						4.754	5.2	WellPoint	WellPoint		14.88	31.04		14.88	12.54		45.54 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Amerihealth	Medicare		8.17			8.17	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Aetna	Better Health		26.29	30.44		26.29	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Horizon	MID		33.19	38.28		33.19	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Amerihealth	Amerihealth		65.03	75		65.03	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	First Health	First Health		69.69	70		69.69	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Aetna	Medicare		8.17			8.17	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	LHC	Medicare		8.17			8.17	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Wellcare	Medicaid		6.54			6.54	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Consumer	Consumer		82.37	95		82.37	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Aetna	Commercial		22.95	38		22.95	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Wellcare	Medicare		8.17			8.17	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Amerihealth	HMO/PPD		9.5			9.5	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	First Trienton	First Trienton		126.89	90		126.89	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Horizon	Medicare Blue		26.01	30		26.01	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Corrections	Corrections		69.36	80		69.36	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Horizon	Indemnity		33.19	38.28		33.19	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Horizon	PPD		33.19	38.28		33.19	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Multplan	Multplan		69.36	80		69.36	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Horizon	NJ Health		19.6			19.6	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Quintare	Quintare		65.03	75		65.03	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Managed Care Inc	Managed Care Inc		79.03	90		79.03	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	LHC	Medicaid		6.54			6.54	6.54		82.37 fee schedule	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	WellPoint	WellPoint		26.91	31.04		26.91	6.54		82.37 percent of total billed charges	
BKR CHG BETA-HYDROXYBUTYRIC ACID	82010	CPT						86.7	9.4	Three Rivers	Three Rivers		82.37	95		82.37	6.54		82.37 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Aetna	Commercial		185.83	38		185.83	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Wellcare	Medicaid		9.83			9.83	9.83		396.32 fee schedule	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Aetna	Better Health		126.89	30.44		126.89	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Amerihealth	HMO/PPD		13.7			13.7	9.83		396.32 fee schedule	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Amerihealth	Medicare		12.29			12.29	9.83		396.32 fee schedule	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Wellcare	Medicare		12.29			12.29	9.83		396.32 fee schedule	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Aetna	Medicare		12.29			12.29	9.83		396.32 fee schedule	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	First Health	First Health		202.03	70		202.03	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Multplan	Multplan		183.74	80		183.74	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	WellPoint	WellPoint		129.49	31.04		129.49	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Amerihealth	Amerihealth		312.89	75		312.89	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Horizon	MID		19.7	38.28		19.7	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Consumer	Consumer		396.32	95		396.32	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Corrections	Corrections		333.74	80		333.74	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	Quintare	Quintare		312.89	75		312.89	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3	14.3	First Trienton	First Trienton		375.46	90		375.46	9.83		396.32 percent of total billed charges	
BKR CHG ACHIE-REFLEX TO HF8 ANNIOTIC	82013	CPT						41.3												





description	unit	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_chargemisc	standard_chargemethodology	additional_generic_notes
university_hospital	university_hospital	2025-09-17	20.0	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital
code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
type	type	type	type	type	type	type	type	type	type	type	type	type	type	type	type	type	type	type	type	type	type
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Multiflan	Multiflan	256.41							80			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Americare	Americare	239.45							75			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Qualicare	Qualicare	239.45							75			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Corrections	Corrections	256.41							80			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	LHC	Medicare	13.87							90			11.1			303.3 fee schedule	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	First Trenton	First Trenton	287.33							90			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Horizon	Medicare Blue	56.78							30			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Horizon	Indemnity	122.21							38.28			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Horizon	NJ Health	29.01							11.1			11.1			303.3 fee schedule	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Horizon	PPO	122.21							38.28			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Wellcare	Medicaid	11.1							11.1			11.1			303.3 fee schedule	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Managed Care	Managed Care Inc	287.33							90			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	Three Rivers	Three Rivers	300.3							90			11.1			303.3 percent of total billed charges	
BKR CHQ MULTIPLE ACIDS EACH SPECIMEN	OUTPATIENT	8/2128	CPT	15.95	LHC	Medicaid	11.1							11.1			11.1			303.3 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Consumer	Consumer	1283.93							95			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Americare	Americare	1013.63							75			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Aetna	Medicare	2.98							90			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Aetna	Better Health	411.4							30.44			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Corrections	Corrections	1021.2							80			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 First Trenton	First Trenton	99.35							80			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Multiflan	Multiflan	1081.2							70			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 First Health	First Health	690.52							70			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Horizon	MGD	517.35							38.28			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Amerihealth	HMO/PRO	30							30			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Horizon	Medicare Blue	45.45							38			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Aetna	Commercial	513.57							30			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Horizon	NJ Health	61.74							38.28			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Horizon	Indemnity	617.35							38.28			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Qualicare	Qualicare	1013.63							75			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 LHC	Medicaid	18.38							90			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Wellcare	Medicare	2.98							90			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Amerihealth	Medicare	22.98							31.04			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 WellPart	WellPart	419.51							38.28			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Horizon	PPO	117.35							38.28			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 LHC	Medicare	22.98							90			18.38			1283.93 fee schedule	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Managed Care	Managed Care Inc	1286.35							38.28			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Three Rivers	Three Rivers	1283.93							95			18.38			1283.93 percent of total billed charges	
BKR CHQ WHITE CELL ISOLATION WBC CYSTINE	BOTH	8/2131	CPT	15.51	26.43 Wellcare	Medicaid	18.38							90			18.38			1283.93 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	Commercial	Commercial	43.8							38			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Amerihealth	HMO/PRO	25.7							78			15.16			109.5 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Americare	Americare	86.45							35			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Aetna	Medicare	16.45							78			15.16			109.5 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Horizon	Medicare Blue	34.58							30			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Aetna	Better Health	35.09							30.44			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Amerihealth	Medicare	16.45							90			15.16			109.5 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Horizon	Indemnity	44.12							38.28			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Multiflan	Multiflan	92.21							80			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 First Health	First Health	60.68							70			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Horizon	MGD	44.12							38.28			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Qualicare	Qualicare	86.45							75			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Consumer	Consumer	109.5							95			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 LHC	Medicare	16.45							90			15.16			109.5 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Horizon	PPO	44.12							38.28			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 LHC	Medicaid	15.16							11.16			15.16			109.5 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Corrections	Corrections	92.21							80			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Wellcare	Medicare	16.45							90			15.16			109.5 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Three Rivers	Three Rivers	109.5							15.16			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 WellPart	WellPart	35.79							31.04			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 First Trenton	First Trenton	137.73							90			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Horizon	NJ Health	39.2							15.16			15.16			109.5 fee schedule	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Managed Care	Managed Care Inc	1037.3							30.44			15.16			109.5 percent of total billed charges	
BKR CHQ 4A DELTA RANDOM URINE	INPATIENT	8/2135	CPT	18.52	18.92 Wellcare	Medicaid	13.16							90			15.16			109.5 fee schedule	
BKR CHQ AMINOACID GLYCINE, ON, CSF/PLSM	BOTH	8/2136	CPT	859.68																	



description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargenegotiated_rate	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemidpoint	standard_chargemidpoint	additional_generic_notes
BKR CHD VITAMIN C (ASCORBIC ACID) LAB	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			15278	15278	Wellcare	Medicaid	7.91			13.37	7.06			183.14 fee schedule	
BKR CHD VITAMIN C (ASCORBIC ACID) LAB	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			15278	15278	Wellcare	Medicaid	15.22			13.37	7.06			183.14 fee schedule	
BKR CHD VITAMIN C (ASCORBIC ACID) LAB	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			15278	15278	Wellcare	Medicaid	9.89		80	13.37	7.06			183.14 percent of total billed charges	
BKR CHD VITAMIN C (ASCORBIC ACID) LAB	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			15278	15278	Wellcare	Medicaid	183.14			13.37	7.06			183.14 percent of total billed charges	
BKR CHD VITAMIN C (ASCORBIC ACID) LAB	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			15278	15278	Wellcare	Medicaid	144.59			13.37	7.06			183.14 percent of total billed charges	
BKR CHD VITAMIN C (ASCORBIC ACID) LAB	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			15278	15278	Wellcare	Medicaid	9.89		0.98	13.37	7.06			183.14 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Americare	Americare	84.92		75	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Amerihealth	HMO/PRO	25.2			107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Aetna	Commercial	43.02		38	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Aetna	Better Health	34.46	30.44		107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Horizon	Indemnity	43.34	38.28		107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Amerihealth	Medicare	16.18			107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 UHC	Medicaid	12.94			107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 First Health	First Health	79.25			107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Consumer	Consumer	107.56		95	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Horizon	NI Health	48.02	0.25		107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Aetna	Medicare	14.18			107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Conectioms	Conectioms	90.58		80	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 UHC	Medicaid	16.18			107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 First Health	First Health	107.56		3.36	107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 First Health	First Health	107.56			107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Horizon	Mediana Blue	33.97		30	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Horizon	PRO	43.34		28.28	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Wellcare	Medicaid	12.94			107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Managed Care Inc	Managed Care Inc	101.9			107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Horizon	MGD	43.34	8.27		107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Three Rivers	Three Rivers	107.56		95	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Wellpoint	WellPoint	90.58			107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Wellcare	Medicare	16.18			107.56	107.56			107.56 fee schedule	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 Outcare	Outcare	84.92		70	107.56	107.56			107.56 percent of total billed charges	
BKR CHD BETA-2 MICROGLOBULIN SERUM	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			11322	11322	1861 WellPoint	WellPoint	35.14	31.04		107.56	107.56			107.56 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Aetna	Better Health	13.73			11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Aetna	Commercial	15.89		38	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Aetna	Medicare	12.98		30.8	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Amerihealth	HMO/PRO	22.4			3.69	11.15			39.73 fee schedule	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 First Health	First Health	29.27		70	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Conectioms	Conectioms	33.46			11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Horizon	NI Health	11.15		5.5	11.15	39.73			39.73 fee schedule	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Amerihealth	Medicare	26.58		75	11.15	39.73			39.73 fee schedule	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Americare	Americare	31.37		75	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 First Health	First Health	37.64		90	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Horizon	MGD	33.46		80	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Horizon	Mediana Blue	16.01		38.28	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Horizon	MGD	11.37			11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Horizon	Outcare	15.89			11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Horizon	PRO	16.01			11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Horizon	Mediana Blue	12.55			11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 WellPoint	WellPoint	13.96			12.56	11.15			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 UHC	Medicare	26.58			11.15	39.73			39.73 fee schedule	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Managed Care Inc	Managed Care Inc	37.64		38	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 UHC	Medicare	13.73		7.93	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Three Rivers	Three Rivers	39.73		95	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Wellcare	Medicare	12.73		20.44	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILE ACIDS CHOLYLGICINE	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			4182	4182	1861 Wellcare	Medicare	26.58		7.21	11.15	39.73			39.73 percent of total billed charges	
BKR CHD BILIRUBIN TOTAL	both	2025-09-17	20.0	University Hospital	190 Bergen St	33019 true			33134	33134	577 Aetna	Medicare	5.02		6.09	4.02	291.48			291.48 fee schedule	
BKR CHD BILIRUBIN TOTAL	both	2025-09-17	20.0	University Hospital																	



University Hospital	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargediscount_cash	payer_name	plan_name	standard_chargediscount_dollar	standard_chargediscount_percentage	standard_chargediscount_algorithm	estimated_amount	standard_charginum	standard_charginum	standard_charginum	standard_charginum	standard_charginum	additional_generic_notes
codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	MAGD	38.28										20.85	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Consumer	38.28										20.85	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Aetna	38.28										23.4	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Amerihealth	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Aetna	38.28										45.1	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Aetna	38.28										18.32	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Managed Care Inc	38.28										54.16	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	First Health	38.28										42.13	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Multplan	38.28										48.14	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Corrections	38.28										48.14	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	First Trenton	38.28										54.16	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Horizon	38.28										23.04	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Horizon	38.28										18.07	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Horizon	38.28										4.68	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Horizon	38.28										7.06	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Horizon	38.28										23.04	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										4.64	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Qualicare	38.28										65.14	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	WellPoint	38.28										18.68	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	LHC	38.28										10.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Three Rivers	38.28										57.17	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	LHC	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										4.92	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										1.82	23.04					
BKR CHG CALCIUM URINE 24HRS	82340	CPT	both	60.18	6.93	Wellcare	38.28										6.03	23.04					
BKR CHG CALCIUM URINE																							



description	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges/adjusted_count	payer_name	plan_name	standard_charges/negotiated_dollar	standard_charges/negotiated_percentage	standard_charges/negotiated_algorithm	estimated_amount	standard_charginjm	standard_charginjms	standard_charginjms/technology	additional_generic_notes
university hospital	2025-09-17	20.0	university hospital	university hospital	310119	true														
codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Horizon	NJ Health	5.88	1.59			1.7	67.83	fee schedule					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Aetna	Medicare	4.6	3.99			1.7	67.83	fee schedule					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Amerihealth	Medicare	4.6	4.6			1.7	67.83	fee schedule					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Multplan	Multplan	57.12	80			1.7	67.83	percent of total billed charges					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	First Trienton	First Trienton	54.26	90			1.7	67.83	percent of total billed charges					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Horizon	Medicare Blue	21.42	30			3.99	1.7	67.83	percent of total billed charges				
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Horizon	PP0	27.33	38.28			8.59	1.7	67.83	percent of total billed charges				
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Quakere	Quakere	33.55	75			1.7	67.83	fee schedule					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	LHC	Medicaid	3.68	1.59			1.7	67.83	fee schedule					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Horizon	MGD	27.33	38.28			2.69	1.7	67.83	percent of total billed charges				
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Managed Care Inc	Managed Care Inc	64.26	90			1.7	67.83	percent of total billed charges					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Three Rivers	Three Rivers	67.83	95			1.7	67.83	percent of total billed charges					
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Wellcare	Medicaid	3.68	1.59			7.69	1.7	67.83	fee schedule				
BKR CHG VBS WITH ELECTROLYTES-CHLORIDE	82435	CPT	both	both	71.4	5.29	Wellcare	Medicare	4.6	4.6			1.7	67.83	fee schedule					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Americare	Americare	42.08	75			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Aetna	Medicare	47.28	30.8			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Aetna	Commercial	31.32	38			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Aetna	Better Health	17.08	30.44			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Aetna	Indemnity	21.48	38.28			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	First Trienton	First Trienton	20.49	38.28			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Consumer	Consumer	73.3	95			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Multplan	Multplan	44.48	80			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Amerihealth	HMO/PP0	5.8	5.75			5.75	53.3	fee schedule					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Amerihealth	Medicare	5.75	5.75			5.75	53.3	fee schedule					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Horizon	NJ Health	5.88	1.59			1.76	5.75	53.3	fee schedule				
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	First Health	First Health	39.27	70			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Corrections	Corrections	44.88	80			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Horizon	PP0	21.48	38.28			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	WellPoint	WellPoint	17.41	31.04			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Quakere	Quakere	42.08	75			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Horizon	MGD	27.48	38.28			18.59	5.75	53.3	percent of total billed charges				
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Horizon	Medicare Blue	16.08	30			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Managed Care Inc	Managed Care Inc	50.49	90			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	LHC	Medicare	5.75	5.75			5.75	53.3	fee schedule					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Three Rivers	Three Rivers	5.3	95			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Wellcare	Medicaid	17.08	30.44			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	LHC	Medicaid	17.08	30.44			5.75	53.3	percent of total billed charges					
BKR CHG CHLORIDE URINE RANDOM	82436	CPT	both	both	56.1	6.61	Wellcare	Medicare	5.75	5.75			5.75	53.3	fee schedule					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Americare	Americare	135.41	75			171.51	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Horizon	MGD	69.11	38.28			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	LHC	Medicaid	4	4			30.44	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Aetna	Better Health	54.96	30.44			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Aetna	Medicare	5	4			4	171.51	fee schedule					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Corrections	Corrections	144.43	80			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Horizon	Commercial	80.61	80			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	First Health	First Health	126.38	70			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Amerihealth	HMO/PP0	7.7	7.7			4	171.51	fee schedule					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Quakere	Quakere	135.41	75			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	LHC	Medicare	5	4			4	171.51	fee schedule					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Consumer	Consumer	171.51	95			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Horizon	Indemnity	81.1	38.28			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	First Trienton	First Trienton	162.49	80			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	WellPoint	WellPoint	50.49	31.04			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Multplan	Multplan	144.43	80			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Amerihealth	Medicare	5	4			4	171.51	fee schedule					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Horizon	Medicare Blue	54.36	30			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Horizon	PP0	69.11	38.28			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Horizon	NJ Health	6.47	4			4	171.51	fee schedule					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Three Rivers	Three Rivers	171.51	95			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Managed Care Inc	Managed Care Inc	162.49	90			4	171.51	percent of total billed charges					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Wellcare	Medicaid	4	4			4	171.51	fee schedule					
BKR CHG SWEAT CHLORIDE	82438	CPT	both	both	180.54	5.75	Wellcare	Medicare	5	5			4	171.51	fee schedule					
BKR CHG METHYLENE CHLORIDE LEVEL	82441	outpatient	both	both	425.34	6.91	LHC	Medicare	6.01	4.81			404.07	404.07	fee schedule					
BKR CHG METHYLENE CHLORIDE LEVEL	82441	outpatient	both	both	425.34	6.91	Consumer	Consumer	404.07	95			4.81	404.07	percent of total billed charges					
BKR CHG METHYLENE CHLORIDE LEVEL	82441	outpatient	both	both	425.34	6.91	First Health	First Health	28.74	70			4.81	404.07	percent of total billed charges					
BKR CHG METHYLENE CHLORIDE LEVEL	82441	outpatient	both	both	425.34	6.91	Americare	Americare	319.01	75			4.81	404.07	percent of total billed charges					

















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

description	last_updated_on	version	hospital_location	address	license_num	to_the_best_of_its_knowledge_and_belief_the_hospital_has_included_all_applicable_standard_charge_information_in_accordance_with_the_requirements_of_45_cfr_180.50_and_the_information_encoded_is_true_accurate_and_complete_as_of_the_date_indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
BRK CHO VENOUS BLOOD GAS WITH ELECTROLYTES RT	2025-09-17	21.0	coast		310119	true			33534	29.98	Three Rivers	Three Rivers		95					336.24	26.07
BRK CHO VENOUS BLOOD GAS WITH ELECTROLYTES RT	82803	CPT	both					33534	29.98	LHC	Medicare	Medicare	45.07			12.4			336.24	26.07
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Consumer	Consumer	87.66	95						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Horizon	NJ Health	NJ Health	14.25			5.79			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Aetna	Commercial	Commercial	19.86			27.65			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Corrections	Corrections	40.92	30						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Aetna	Medicare	Medicare	153.89	20.44					479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Aetna	HI/OPPO	HI/OPPO	41			17.11			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Horizon	Medicare	Medicare	78.77						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Horizon	Idenity	Idenity	193.28	38.28					479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Multplan	Multplan	403.92	80						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	WellPoint	WellPoint	105.72	31.04			28.42			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	First Trenton	First Trenton	454.41	90						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Horizon	PPO	PPO	193.28	38.28					479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Aetna	Medicare	Medicare	78.77			17.09			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Horizon	MCO	MCO	193.28	38.28					479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Quicare	Quicare	378.68	75						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Horizon	Medicare Blue	Medicare Blue	101.47	30		15.01			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	First Health	First Health	545.43	70						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Wellcare	Medicaid	Medicaid	63.02			28.61			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	LHC	Medicare	Medicare	78.77			11.24			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Managed Care Inc	Managed Care Inc	454.41	90						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Three Rivers	Three Rivers	479.66	95						479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	LHC	Medicaid	Medicaid	63.02			28.18			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					5049	90.59	Wellcare	Medicare	Medicare	78.77			17.65			479.66	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82805	CPT	both					82810	104.14	11.24	Horizon	Medicare Blue	32.74			7.63			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	First Health	First Health	76.4						103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Consumer	Consumer	103.68	95					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Aetna	HI/OPPO	12.1						103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Corrections	Corrections	87.31	80					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Aetna	Commercial	41.47			16.46			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Aetna	Wellcare	30.22	30.44					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	First Trenton	First Trenton	89.3	90					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Multplan	Multplan	87.31	80					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Horizon	PPO	41.78	38.28					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Horizon	NJ Health	28.73			9.89			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Aetna	Medicare	9.77			6.13			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Aetna	Commercial	33.22	30.44					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Horizon	Idenity	41.78	10.92					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Aetna	Medicare	33.62	30.8		10.09			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Managed Care Inc	Managed Care Inc	454.41	90					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Quicare	Quicare	81.86	75					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	WellPoint	WellPoint	33.88	31.04		15.16			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	LHC	Medicare	78.77			13.13			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Three Rivers	Three Rivers	103.68	95					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Aetna	Aetna	81.86						103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Horizon	MCO	41.78	38.28		0.77			103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82810	CPT	both					82810	104.14	11.24	Wellcare	Medicaid	33.22	30.44					103.68	percent of total billed charges
BRK CHO VENOUS BLOOD GAS RT	82820	CPT	both					82820	104.14	11.24	Wellcare	Medicaid	9.77						103.68	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Aetna	HI/OPPO	15						44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Aetna	Commercial	13.34			10.67			44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Aetna	Consumer	17.83	38					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Aetna	Wellcare	14.28	30.44					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Aetna	Wellcare	35.19	75					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Horizon	Medicare	17.96	38.28					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Corrections	Corrections	37.54	80					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Consumer	Consumer	44.57	95					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Aetna	Medicare	13.34						44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	First Health	First Health	32.84	70					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Multplan	Multplan	37.54	80					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Horizon	Idenity	17.96	38.28					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Horizon	PPO	17.96	38.28					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	LHC	Medicaid	10.67			10.67			44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	First Trenton	First Trenton	42.23	90					44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Wellcare	Medicaid	10.67						44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46.92	15.34	Three Rivers	Three Rivers	10.67						44.57	percent of total billed charges
BRK CHO HEMOGLOBIN G2 AFFINITY (P50)	82820	outpatient	both					82820	46											

description	last_updated_on	version	hospital_location	address	license_num	to best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_charge_group	standard_charge_group_cms401_cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_group	standard_charge_group_cms401	standard_charge_group_cms401_medicology	additional_generic_notes
University Hospital	2025-09-17	20.0	University Hospital	150 Bergen St	31019	true														
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both						4.62	Consumer	Consumer		80.43	95			1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.52	4.52	AmeriHealth	Medicare		3.93			12.41	1.7	80.43	fee schedule	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.52	4.52	Aetna	Better Health		3.77				1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.52	4.52	Comorbidities	Comorbidities		6.73				1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.52	4.52	First Health	First Health		59.96				1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	AmeriHealth	HMO/PRO		1.7				6.44	1.7	80.43	fee schedule
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Wellcare	Medicare	3.93				4.43	1.7	80.43	fee schedule
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Americana	Americana	6.51				6.51	1.7	80.43	percent of total billed charges
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Horizon	NJ Health	8.51				3.71	1.7	80.43	fee schedule
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Horizon	MCD	32.41			38.28	1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	WellPoint	WellPoint	26.28			31.04	1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Horizon	Medicare Blue	25.4			30	6.04	1.7	80.43	percent of total billed charges
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Horizon	Indemnity	32.41			38.28	7.9	1.7	80.43	percent of total billed charges
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	First Trenton	First Trenton	78.19			90	1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Horizon	PPG	32.41			38.28	5.69	1.7	80.43	percent of total billed charges
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Managed Care Inc	Managed Care Inc	78.19			90	1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Multplan	Multplan	87.73			90	1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Three Rivers	Three Rivers	80.43			95	1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Wellcare	Medicaid	3.14			11.33	1.7	80.43	fee schedule	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	LHC	Medicaid	3.14			11.69	1.7	80.43	fee schedule	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	Quakere	Quakere	63.5				1.7	80.43	percent of total billed charges	
BKR CHG URINE GLUCOSE RANDOM	82947	CPT	both					4.66	4.66	4.52	LHC	Medicare	3.93				4.61	1.7	80.43	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Comorbidities	Comorbidities		35.78			75	8.32	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	First Health	First Health		31.31			75	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Americana	Americana		33.55			75	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	AmeriHealth	Medicare		5.04				2.94	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Consumer	Consumer		42.49			95	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Aetna	Medicare		5.04				6.69	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Aetna	Better Health		13.82				30.44	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Aetna	Commercial		17			38	11.28	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Multplan	Multplan		37.78			38	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	First Trenton	First Trenton		40.28			90	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	LHC	Medicaid		4.03			38	2.94	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Wellcare	Medicaid		4.03			4.03	11.91	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Horizon	Indemnity		17.12			38.28	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Horizon	MCD		17.12			38.28	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Horizon	Medicare Blue		13.2			30	6.54	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	AmeriHealth	HMO/PRO		3			7.29	2.94	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Quakere	Quakere		33.55			75	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Horizon	NJ Health		2.94			4.42	2.94	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	LHC	Medicare		5.04			6.41	2.94	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Horizon	PRO		17.12			38.28	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Managed Care Inc	Managed Care Inc		40.28			90	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Three Rivers	Three Rivers		42.49			95	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	Wellcare	Medicare		5.04				6.2	2.94	42.49	fee schedule
BKR CHG GLUCOSE POC	82948	CPT	both					44.73	5.8	WellPoint	WellPoint		13.88			10	2.94	2.94	42.49	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	AmeriHealth	Medicare		119.69				3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Americana	Americana		119.69			75	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Aetna	Commercial		56.59			38	7.68	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	First Trenton	First Trenton		134.03			90	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Horizon	Indemnity		57.01			38.28	10.55	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Horizon	MCD		57.01			38.28	14.75	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Aetna	Better Health		45.33			38	10.42	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Aetna	Medicare		4.75				3.8	3.8	141.47	fee schedule
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Comorbidities	Comorbidities		119.14			70	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	AmeriHealth	HMO/PRO		7				3.8	3.8	141.47	fee schedule
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	First Health	First Health		104.24			80	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Managed Care Inc	Managed Care Inc		134.03			90	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Horizon	NJ Health		5.98				2.28	3.8	141.47	fee schedule
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Wellcare	Medicare		4.75				3.8	3.8	141.47	fee schedule
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Consumer	Consumer		141.47			95	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Horizon	Medicare Blue		44.68			38	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Multplan	Multplan		119.14			80	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Three Rivers	Three Rivers		51.47			95	3.8	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Quakere	Quakere		11.69				3.8	75	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	Horizon	PRO		57.01			38.28	7.45	3.8	141.47	percent of total billed charges
BKR CHG GLUCOSE CHALLENGE TEST	82950	CPT	both					148.92	5.46	LHC	Medicaid		3.8				3.8	3.8	141.47	fee schedule
BKR CHG GL																				



description	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs/cash	payer_name	plan_name	standard_charging/negotiated_dollar	standard_charging/negotiated_percentage	standard_charging/negotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargeminology	additional_generic_notes
code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Corrections	153.46	80	7.34	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Horizon	153.46	30	7.34	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Horizon	153.46	38.28	26.76	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Horizon	153.46	64.82	69.74	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	American	153.99	75	7.34	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Wellcare	148.2	75	7.34	160.85	fee schedule										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Wellcare	148.2	75	7.34	160.85	fee schedule										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Multicare	154.48	80	7.34	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Consumer	160.85	95	7.34	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Quaker	159.99	75	7.34	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	WellPoint	153.96	31.04	45.68	7.34	160.85	percent of total billed charges									
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	UHC	18.52	16.88	7.34	160.85	fee schedule										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Managed Care Inc.	160.39	90	7.34	160.85	percent of total billed charges										
BKR CHG LUTENZING HORMONE. PEDIATRIC	83002	CPT	both	169.32	21.3	Three Rivers	160.85	90	7.34	160.85	percent of total billed charges										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Three Rivers	39.73	95	12.55	39.73	percent of total billed charges										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	First Trenton	37.64	90	12.55	39.73	percent of total billed charges										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Aetna	15.99	38	12.55	39.73	percent of total billed charges										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Aetna	12.88	30.83	3.63	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	HMOPPO	25.8	12.55	39.73	fee schedule										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Quaker	Quaker	31.17	12.55	39.73	percent of total billed charges										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	UHC	Medicaid	12.73	10.32	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Aetna	Better Health	12.73	8.51	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Medicare	16.67	12.55	39.73	fee schedule										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Horizon	Medicare Blue	12.55	30	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Wellcare	Medicare	16.67	12.55	39.73	fee schedule										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Consumer	Consumer	39.73	95	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	First Health	First Health	29.27	12.55	39.73	percent of total billed charges										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	UHC	Medicare	16.67	12.55	39.73	fee schedule										
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Wellcare	Medicaid	12.73	20.44	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									
BKR CHG GROWTH HORMONE	83003	CPT	both	41.82	19.17	Anerhealth	Anerhealth	29.27	2.11	12.55	39.73	percent of total billed charges									



description	hospital_name	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	last_updated_on_version	2025-09-17 21.0	130119	unit	charge_type	unit_type	unit_code	unit_desc	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes	
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	10342	10.89	First Trenton	First Trenton	111.08	111.08	First Trenton	Medicaid	37.57	30.44	90	3.1	117.25	117.25	117.25	percent of total billed charges	
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	10342	10.89	Horizon	Medicaid	37.57	30.44	Horizon	Medicaid	37.57	30.44	90	3.1	117.25	117.25	117.25	percent of total billed charges	
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	10342	10.89	Horizon	Medicaid	37.57	30.44	Horizon	Medicaid	37.57	30.44	90	3.1	117.25	117.25	117.25	percent of total billed charges	
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	10342	10.89	Horizon	NJ Health	6.49	6.49	Horizon	NJ Health	6.49	6.49	90	3.1	117.25	117.25	117.25	percent of total billed charges	
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	10342	10.89	Quakere	Medicaid	62.57	62.57	Quakere	Medicaid	62.57	62.57	90	3.1	117.25	117.25	117.25	percent of total billed charges	
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	10342	10.89	Managed Care Inc	Managed Care Inc	111.08	111.08	Managed Care Inc	Managed Care Inc	111.08	111.08	90	3.1	117.25	117.25	117.25	percent of total billed charges	
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Aetna	Medicare	4.75	4.75	Aetna	Medicare	4.75	4.75	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	American	Medicare	67.32	67.32	American	Medicare	67.32	67.32	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Aetna	Commercial	34.11	34.11	Aetna	Commercial	34.11	34.11	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Horizon	Intersity	34.36	34.36	Horizon	Intersity	34.36	34.36	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	First Health	First Health	63.83	63.83	First Health	First Health	63.83	63.83	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Aetna	Better Health	27.32	27.32	Aetna	Better Health	27.32	27.32	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	UHC	Medicare	4.75	4.75	UHC	Medicare	4.75	4.75	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Corrections	Corrections	71.81	71.81	Corrections	Corrections	71.81	71.81	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Amerihealth	HMO/PO	7.4	7.4	Amerihealth	HMO/PO	7.4	7.4	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Consumer	Consumer	65.27	65.27	Consumer	Consumer	65.27	65.27	95	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Amerihealth	Medicare	4.75	4.75	Amerihealth	Medicare	4.75	4.75	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Multplan	Multplan	71.81	71.81	Multplan	Multplan	71.81	71.81	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	First Trenton	First Trenton	60.78	60.78	First Trenton	First Trenton	60.78	60.78	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Horizon	Medicare Blue	63.83	63.83	Horizon	Medicare Blue	63.83	63.83	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Wellcare	Medicare	4.75	4.75	Wellcare	Medicare	4.75	4.75	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Horizon	NJ Health	11.76	11.76	Horizon	NJ Health	11.76	11.76	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Horizon	MGD	34.36	34.36	Horizon	MGD	34.36	34.36	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Quakere	Quakere	67.32	67.32	Quakere	Quakere	67.32	67.32	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	WellPant	WellPant	27.86	27.86	WellPant	WellPant	27.86	27.86	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Managed Care Inc	Managed Care Inc	80.78	80.78	Managed Care Inc	Managed Care Inc	80.78	80.78	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Horizon	PPO	34.36	34.36	Horizon	PPO	34.36	34.36	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	UHC	Medicaid	3.8	3.8	UHC	Medicaid	3.8	3.8	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Three Rivers	Three Rivers	85.27	85.27	Three Rivers	Three Rivers	85.27	85.27	95	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG HEMODIOLIN UNSTABLE SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	8976	89.76	5.46	Wellcare	Medicaid	3.8	3.8	Wellcare	Medicaid	3.8	3.8	90	3.1	85.27	85.27	85.27	percent of total billed charges
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	First Health	First Health	189.21	189.21	First Health	First Health	189.21	189.21	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	First Trenton	First Trenton	243.27	243.27	First Trenton	First Trenton	243.27	243.27	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	Aetna	Commercial	102.71	102.71	Aetna	Commercial	102.71	102.71	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	American	American	62.29	62.29	American	American	62.29	62.29	75	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	Aetna	Better Health	8.28	8.28	Aetna	Better Health	8.28	8.28	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	American	Medicare	16.87	16.87	American	Medicare	16.87	16.87	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	Aetna	Medicare	16.87	16.87	Aetna	Medicare	16.87	16.87	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	Horizon	Intersity	10.47	10.47	Horizon	Intersity	10.47	10.47	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	Multplan	Multplan	61.24	61.24	Multplan	Multplan	61.24	61.24	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	Horizon	PPO	103.47	103.47	Horizon	PPO	103.47	103.47	90	13.5	256.79	256.79	256.79	percent of total billed charges	
BKR CHG TAY SACHS BIOCHEMICAL SERUM	University Hospital	University Hospital	150 Bergen St	310119	2025-09-17 21.0	130119	unit	output	0808	CPT	270.3	19.4	Corrections	Corrections	216.24	216.24	Corrections										

university_hospital	last_updated_on	2025-09-17	20.0	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges_included_cash	payer_name	plan_name	standard_charges_included_dollar	standard_charges_included_percentage	standard_charges_included_algorithm	estimated_amount	standard_charges	standard_charges	standard_charges	standard_charges	standard_charges	additional_generic_names
university_hospital	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Aetna	Medicare			17.9												20.4 fee schedule	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	First Health	First Health			102.08												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	American	American			13.2												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Horizon	MCD			83.17												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Commercial	Commercial			82.56												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Aetna	Better Health			66.13												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Horizon	PPO			83.17												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Managed Care Inc	Managed Care Inc			90												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Corrections	Corrections			173.81												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Multplan	Multplan			112.81												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Anerhealth	HMO/PPD			28.1												20.4 fee schedule	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Wellcare	Medicare			17.9												20.4 fee schedule	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	WellPant	WellPant			67.44												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Consumer	Consumer			20.4												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Wellcare	Medicaid			14.32												20.4 fee schedule	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Quakare	Quakare			102.95												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	LHC	Medicaid			14.32												20.4 fee schedule	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Horizon	Medicare Blue			65.18												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Anerhealth	Medicare			17.9												20.4 fee schedule	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Three Rivers	Three Rivers			20.4												20.4 percent of total billed charges	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	Horizon	NJ Health			24.7												20.4 fee schedule	
BRK CHD 17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient	21726	20.59	LHC	Medicaid			17.9												20.4 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Anerhealth	NJ Health			12.9												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Consumer	Consumer			173.45												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Aetna	Medicare			12.9												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Aetna	Commercial			69.38												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	American	American			139.94												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	First Health	First Health			127.81												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Horizon	Indersity			69.89												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Aetna	Better Health			55.58												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	First Trienton	First Trienton			94.32												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Wellcare	Medicaid			10.32												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Horizon	PPO			68.89												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Multplan	Multplan			146.06												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Anerhealth	HMO/PPD			167												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Corrections	Corrections			146.06												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Horizon	NJ Health			11.76												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Quakare	Quakare			139.94												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Horizon	MCD			69.89												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Horizon	Medicare Blue			54.77												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Managed Care Inc	Managed Care Inc			164.32												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	LHC	Medicaid			10.32												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Three Rivers	Three Rivers			12.9												173.45 percent of total billed charges	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	LHC	Medicare			12.9												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	Wellcare	Medicare			12.9												173.45 fee schedule	
BRK CHD HYDROXYNDOLACETIC ACID 5(HIAA)	83497	CPT	both	182.58	14.84	WellPant	WellPant			56.77												173.45 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Aetna	Medicare			27.61												142.44 fee schedule	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Consumer	Consumer			142.44												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Aetna	Commercial			56.98												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Horizon	Medicare Blue			44.96												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Anerhealth	Medicare			27.17												142.44 fee schedule	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Aetna	Better Health			45.64												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	First Trienton	First Trienton			134.95												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	American	American			112.46												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Multplan	Multplan			119.95												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Corrections	Corrections			119.95												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Managed Care Inc	Managed Care Inc			134.95												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Horizon	MCD			57.4												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	First Health	First Health			144.96												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Wellcare	Medicaid			21.74												142.44 fee schedule	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Horizon	Indersity			57.4												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Anerhealth	HMO/PPD			42.3												142.44 fee schedule	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	Quakare	Quakare			112.46												142.44 percent of total billed charges	
BRK CHD HYDROXYPROGESTERONE (17 OHP)	83498	CPT	both	149.94	31.25	WellPant	WellPant			46.54													



university_name	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	last_updated_on	version	description	code	unit	type	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemix	standard_chargemethodology	additional_generic_notes	
university_name	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	2025-07-17	20.0	university hospital	130119	inpatient	outpatient	inpatient	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemix	standard_chargemethodology	additional_generic_notes	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Horizon	PPO	38.28			191.86	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Aetna	Commercial	19.74			38	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Aetna	Medicare	14.47			38	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Consumer	Consumer	191.86			95	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Managed Care Inc	Managed Care Inc	181.76			95	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	WellPoint	WellPoint	62.69			31.04	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Wellcare	Medicare	15.47			75	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Quakecare	Quakecare	10.47			38.28	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Wellcare	Medicaid	12.38			75	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Horizon	Medicaid Blue	60.59			30	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Horizon	MGD	71.31			38.28	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Horizon	NJ Health	12.38			75	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	LHC	Medicaid	12.38			75	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				201.96	17.79	Three Rivers	Three Rivers	191.86			95	191.86	191.86	191.86	191.86 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Aetna	Medicare	12.8			38.28	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Aetna	Commercial	158.92			38	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Aetna	WellPoint	17.1			30.44	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Aetna	Medicare	12.8			38.28	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Corrections	Corrections	334.56			95	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Aetna	Medicare	13.63			75	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	LHC	Medicaid	10.24			75	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	First Trenton	First Trenton	10.24			70	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	First Health	First Health	202.74			90	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Horizon	MGD	160.09			38.28	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Consumer	Consumer	397.29			95	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Horizon	Indemnity	160.09			38.28	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	WellPoint	WellPoint	126.81			31.04	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Aetna	HMO/PRO	20.2			30.44	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Wellcare	Medicaid	10.24			75	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Horizon	NJ Health	14.7			75	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Multplan	Multplan	334.56			80	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Horizon	Medicaid Blue	125.48			30	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Wellcare	Medicare	12.8			38.28	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Horizon	PPO	160.09			38.28	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Quakecare	Quakecare	313.65			75	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Managed Care Inc	Managed Care Inc	338.38			90	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	LHC	Medicaid	12.4			75	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Three Rivers	Three Rivers	397.29			95	397.29	397.29	397.29	397.29 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				418.2	14.72	Aetna	Aetna	717.57			75	612	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	Horizon	NJ Health	28.4			2.71	612	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	Horizon	MGD	366.25			38.28	16.91	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	First Health	First Health	101.08			90	612	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	Consumer	Consumer	688.92			95	612	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	Aetna	Better Health	291.24			30.44	11.33	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	Aetna	Commercial	333.57			30.44	10.17	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	Aetna	Medicare	11.57			30.44	5.69	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	Aetna	HMO/PRO	11.57			30.44	8.33	612	612	612 percent of total billed charges	
BKR CHD 17 METROGENIC STERIODS				2025-07-17	20.0	university hospital	130119	inpatient	outpatient				696.76	13.31	WellPoint	WellPoint	258.98			31.04	12.69	612	612	612 percent of total billed charges</	

hospital_name	hospital_location	hospital_address	license_number	best_of_knowledge_and_belief	hospital_included_in_applicable_standard_charge_information	in accordance_with_requirements_of_45_CFR_180.50	and_information_encoded_is_true	accurate	and_complete_as_of_the_date_indicated									
description	code	type	rating	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargingnegligible_dollar	standard_chargingnegligible_percentage	standard_chargingnegligible_algorithm	estimated_amount	standard_charginin	standard_chargemix	standard_chargemethodology	additional_generic_notes
BRK CHG LEAD URINE	83655	CPT	79152	19.33	WellPoint	245.69			WellPoint		31.04		31.04	6.94	7.96	751.94	percent of total billed charges	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	Multplan	693.22			Multplan		80		80	7.96	7.96	751.94	percent of total billed charges	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	Quikcare	80.84			Quikcare		75		75	7.96	7.96	751.94	percent of total billed charges	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	Wellcare	9.69			Wellcare		7.38		7.38	7.96	7.96	751.94	fee schedule	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	First Trenton	712.73			First Trenton		90		90	7.96	7.96	751.94	percent of total billed charges	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	Wellcare	12.11			Wellcare		3.74		3.74	7.96	7.96	751.94	fee schedule	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	LHC	Medicare			LHC		7.42		7.42	7.96	7.96	751.94	fee schedule	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	Horizon	Indemnity	302.99		Horizon		38.28		38.28	7.96	7.96	751.94	percent of total billed charges	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	Horizon	Medicare Blue	237.46		Horizon		30		30	7.96	7.96	751.94	percent of total billed charges	
BRK CHG LEAD URINE	83655	CPT	79152	19.33	Managed Care Inc	Managed Care Inc	712.37		Managed Care Inc		30		30	7.96	7.96	751.94	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Aetna	Commercial	209.12		Aetna		38		38	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Wellcare	Medicare	21.99		Wellcare		30.44		30.44	17.59	17.59	378.88	fee schedule	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Aetna	Commercial	151.55		Aetna		38		38	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Wellcare	Medicare	21.99		Wellcare		30.44		30.44	17.59	17.59	378.88	fee schedule	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	LHC	Medicare	21.99		LHC		30.44		30.44	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Aetna	Medicare	21.99		Aetna		30.44		30.44	17.59	17.59	378.88	fee schedule	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	First Health	First Health	279.17		First Health		70		70	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Amerehealth	HMO/PO	33.5		Amerehealth		31.04		31.04	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	WellPoint	WellPoint	123.79		WellPoint		31.04		31.04	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Multplan	Multplan	319.06		Multplan		80		80	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Amerehealth	Medicare	21.99		Amerehealth		30.44		30.44	17.59	17.59	378.88	fee schedule	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Horizon	MD	152.67		Horizon		38.28		38.28	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Horizon	PPD	152.67		Horizon		38.28		38.28	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Connecticut	Connecticut	319.06		Connecticut		80		80	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Consumer	Consumer	378.88		Consumer		95		95	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Quikcare	Quikcare	289.12		Quikcare		75		75	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Three Rivers	Three Rivers	378.88		Three Rivers		75		75	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Horizon	Indemnity	152.67		Horizon		38.28		38.28	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	First Trenton	First Trenton	389.94		First Trenton		30		30	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Horizon	Medicare Blue	191.65		Horizon		30		30	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Horizon	NJ Health	20.58		Horizon		30		30	17.59	17.59	378.88	fee schedule	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	LHC	Medicare	17.59		LHC		30.44		30.44	17.59	17.59	378.88	percent of total billed charges	
BRK CHG US RATIO	83661	outpatient	398.82	25.29	Managed Care Inc	Managed Care Inc	389.94		Managed Care Inc		90		90	17.59	17.59	378.88	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Aetna	Better Health	66.75		Aetna		20.44		20.44	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Amerehealth	Medicare	9.81		Amerehealth		4.53		4.53	4.53	4.53	208.34	fee schedule	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Aetna	Commercial	83.33		Aetna		38		38	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Horizon	Indemnity	83.95		Horizon		38.28		38.28	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	First Health	First Health	123.79		First Health		70		70	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	First Trenton	First Trenton	197.37		First Trenton		90		90	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Aetna	Medicare	98.81		Aetna		75		75	4.53	4.53	208.34	fee schedule	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Amerehealth	Medicare	164.48		Amerehealth		75		75	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Consumer	Consumer	208.34		Consumer		95		95	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Horizon	MD	83.95		Horizon		38.28		38.28	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	WellPoint	WellPoint	80.07		WellPoint		31.04		31.04	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Amerehealth	HMO/PO	14.6		Amerehealth		4.53		4.53	4.53	4.53	208.34	fee schedule	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Multplan	Multplan	175.44		Multplan		80		80	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Horizon	PPD	83.95		Horizon		38.28		38.28	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Connecticut	Connecticut	175.44		Connecticut		80		80	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Managed Care Inc	Managed Care Inc	197.37		Managed Care Inc		90		90	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Horizon	Medicare	67.9		Horizon		60		60	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Wellcare	Medicare	9.81		Wellcare		4.53		4.53	4.53	4.53	208.34	fee schedule	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	LHC	Medicare	7.85		LHC		4.53		4.53	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Quikcare	Quikcare	164.48		Quikcare		75		75	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Wellcare	Medicare	9.81		Wellcare		4.53		4.53	4.53	4.53	208.34	fee schedule	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Horizon	NJ Health	4.53		Horizon		4.53		4.53	4.53	4.53	208.34	percent of total billed charges	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	LHC	Medicare	7.85		LHC		4.53		4.53	4.53	4.53	208.34	fee schedule	
BRK CHG LEUCINE AMINOPEPTIDASE	83870	CPT	219.3	11.28	Three Rivers	Three Rivers	208.34		Three Rivers		95		95	4.53	4.53	208.34	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	79152	19.33	First Health	First Health	352.96		First Health		70		70	5.51	5.51	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	WellPoint	WellPoint	25.28		WellPoint		31.04		31.04	5.51	5.51	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	Horizon	Indemnity	32.41		Horizon		38.28		38.28	5.51	5.51	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	Aetna	Better Health	27.77		Aetna		30.44		30.44	5.51	5.51	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	Aetna	Commercial	32.17		Aetna		38		38	5.51	5.51	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	Amerehealth	HMO/PO	10.8		Amerehealth		4.53		4.53	4.53	4.53	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	First Trenton	First Trenton	78.19		First Trenton		90		90	5.51	5.51	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	Aetna	Medicare	6.89		Aetna		7.28		7.28	5.51	5.51	60.43	fee schedule	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	Horizon	NJ Health	8.82		Horizon		4.28		4.28	5.51	5.51	60.43	percent of total billed charges	
BRK CHG URINE, FLUID	83960	CPT	84.66	7.92	Connecticut	Connecticut	67.73		Connecticut		80		80	5.51	5.51			

description	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	unit	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_chargenet	standard_chargenet_hcology	additional_generic_notes	
code	date	id	name	city	state	zip	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
BKR CHQ LIPROTEIN BLOOD	2025-09-17	20.0	coast							12.95	Horizon	NJ	Health	14.27				8.4	8.4	35.85 fee schedule		
BKR CHQ LIPROTEIN BLOOD	83700	CPT	both							12.95	Horizon	Outcare	Outcare	23.31				8.4	8.4	35.85 percent of total billed charges		
BKR CHQ LIPROTEIN BLOOD	83700	CPT	both							12.95	Horizon	PPO	PPO	14.45				30.44	30.44	35.85 percent of total billed charges		
BKR CHQ LIPROTEIN BLOOD	83700	CPT	both							12.95	UHC	Medicaid	Medicaid	11.49				30.44	30.44	35.85 percent of total billed charges		
BKR CHQ LIPROTEIN BLOOD	83700	CPT	both							12.95	Managed Care Inc	Managed Care Inc	33.97				90	90	35.85 percent of total billed charges			
BKR CHQ LIPROTEIN BLOOD	83700	CPT	both							12.95	Three Rivers	Three Rivers	35.85				95	95	35.85 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	UHC	Medicaid	Medicaid	27.35				60.22	60.22	51.36 fee schedule		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Aetna	Aetna	40.55				75	75	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	First Health	First Health	37.84				70	70	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Aetna	Better Health	Better Health	16.46		20.44		60.22	60.22	51.36 percent of total billed charges		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	WellCare	WellCare	27.35				75	75	51.36 fee schedule			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Aetna	Medicare	Medicare	34.19				60.22	60.22	51.36 fee schedule		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	WellCare	Commercial	Commercial	20.54		38		60.22	60.22	51.36 percent of total billed charges		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	AeneHealth	Medicare	Medicare	34.19				60.22	60.22	51.36 fee schedule		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	WellCare	Medicare	Medicare	34.19				60.22	60.22	51.36 fee schedule		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Horizon	MD	MD	20.69		38.28		60.22	60.22	51.36 percent of total billed charges		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Multplan	Multplan	43.25		60		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Horizon	Indemnity	Indemnity	20.69		38.28		60.22	60.22	51.36 percent of total billed charges		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	AeneHealth	HMO/PRO	HMO/PRO	23.54				60.22	60.22	51.36 fee schedule		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Consumer	Consumer	51.98		95		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Horizon	PPO	PPO	20.69		38.28		60.22	60.22	51.36 percent of total billed charges		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Quakere	Quakere	40.55		75		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Horizon	Medicare Blue	Medicare Blue	16.22		30		60.22	60.22	51.36 percent of total billed charges		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Corrections	Corrections	43.25		80		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Three Rivers	Three Rivers	51.98		95		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	UHC	Medicare	Medicare	34.19				60.22	60.22	51.36 fee schedule		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	First Trenton	First Trenton	48.65		90		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Horizon	NJ Health	NJ Health	40.47				60.22	60.22	51.36 fee schedule		
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	Managed Care Inc	Managed Care Inc	48.65		90		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient							39.32	WellPart	WellPart	16.78		110.4		60.22	60.22	51.36 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	AeneHealth	Medicare	Medicare	8.16				6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Aetna	Better Health	Better Health	22.04		20.44		6.55	6.55	68.8 percent of total billed charges		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	WellPart	WellPart	22.48		110.4		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Horizon	Commercial	Commercial	27.52		38		6.55	6.55	68.8 percent of total billed charges		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Horizon	NJ Health	NJ Health	15.68			2.67	6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Aetna	Medicare	Medicare	8.16				6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	AeneHealth	HMO/PRO	HMO/PRO	12.8				6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Multplan	Multplan	37.84		80		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	First Health	First Health	50.09		70		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Aetna	Aetna	54.32		75		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Horizon	Medicare Blue	Medicare Blue	21.73		30		6.55	6.55	68.8 percent of total billed charges		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Quakere	Quakere	54.32		75		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Horizon	MD	MD	27.72		22.24		6.55	6.55	68.8 percent of total billed charges		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Consumer	Consumer	88.8		95		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	WellCare	Medicare	Medicare	8.16				6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	UHC	Medicare	Medicare	8.19				6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	First Trenton	First Trenton	65.18		90		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Corrections	Corrections	37.84				6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Horizon	Indemnity	Indemnity	27.72		38.28		6.55	6.55	68.8 percent of total billed charges		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	UHC	Medicaid	Medicaid	6.55				6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Horizon	PPO	PPO	27.72		38.28		6.55	6.55	68.8 percent of total billed charges		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	WellCare	Medicaid	Medicaid	6.55				6.55	6.55	68.8 fee schedule		
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Managed Care Inc	Managed Care Inc	65.18		100.3		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LIPROTEIN DIRECT MEASUREMENT	83718	CPT	both							8.42	Three Rivers	Three Rivers	68.8		95		6.55	6.55	68.8 percent of total billed charges			
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Aetna	Commercial	Commercial	27.13		38		8.4	8.4	67.83 percent of total billed charges		
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Aetna	Aetna	33.55				9.41	8.4	8.4	67.83 percent of total billed charges		
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	AeneHealth	HMO/PRO	HMO/PRO	12.8				8.4	8.4	67.83 fee schedule		
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Aetna	Better Health	Better Health	21.73		20.14		8.4	8.4	67.83 percent of total billed charges		
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Aetna	Medicare	Medicare	10.5				2.64	8.4	8.4	67.83 fee schedule	
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Horizon	PPO	PPO	27.33		38.28		8.4	8.4	67.83 percent of total billed charges		
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	First Trenton	First Trenton	64.26		90		8.4	8.4	67.83 percent of total billed charges			
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Consumer	Consumer	37.83				8.4	8.4	67.83 percent of total billed charges			
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Multplan	Multplan	57.12		80		8.4	8.4	67.83 percent of total billed charges			
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Horizon	MD	MD	27.33		38.28		8.4	8.4	67.83 percent of total billed charges		
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Corrections	Corrections	57.12		62.91		8.4	8.4	67.83 percent of total billed charges			
BKR CHQ LDL CHOLESTEROL DIRECT	83721	CPT	both							12.08	Horizon	Medicare Blue	Medicare Blue	21.43								





description	unit	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegrss	standard_chargediscountr_cash	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemsg	standard_chargemsg_holology	additional_generic_notes
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	American	American	585.99													742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	American	HMO/PRO	257													742.25 fee schedule	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Wellcare	Medicare	273.83								30.44					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	First Health	First Health	546.92								70					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Consumer	Consumer	442.25								95					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Horizon	Indemnity	290.09								38.28					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Multplan	Multplan	625.06								80					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	LHC	Medicaid	207.83								20.44					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	First Tretton	First Tretton	703.19								90					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Quakare	Quakare	585.99								75					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Corrections	Corrections	625.06								80					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	LHC	Medicare	23.6													742.25 fee schedule	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Horizon	NU Health	37.24													742.25 fee schedule	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Wellcare	Medicare	23.6													742.25 fee schedule	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Horizon	MGO	290.09								38.28					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Horizon	PPD	290.09								38.28					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Managed Care Inc	Managed Care Inc	703.19								90					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS QUANT EA SPEC.	8918	CPT	781.32	27.14	Three Rivers	Three Rivers	742.25								95					742.25 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	First Health	First Health	488.39								15.3					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	American	American	488.39								15.3					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Amerhealth	HMO/PRO	22.8								15.48					622.1 fee schedule	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Multplan	Multplan	523.28								85					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Aetna	Better Health	199.33								30.44					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Consumer	Consumer	622.1								15.36					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	First Tretton	First Tretton	698.36								90					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Aetna	Commercial	248.84								34.26					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	LHC	Medicare	16.45													622.1 fee schedule	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	LHC	Medicaid	13.16								11.01					622.1 fee schedule	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Amerhealth	Medicare	16.45													622.1 fee schedule	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Quakare	Quakare	491.13								75					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Wellcare	Medicare	16.45													622.1 fee schedule	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Horizon	MGO	206.67								38.28					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Horizon	MGO	206.67								38.28					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Horizon	Medicare	16.45													622.1 fee schedule	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	WellPart	WellPart	203.26								31.04					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Corrections	Corrections	503.87								85					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Horizon	PPD	206.67								38.28					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Horizon	Medicare Blue	196.45								30					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Managed Care Inc	Managed Care Inc	490.36								75					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Horizon	NU Health	16.27													622.1 fee schedule	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Three Rivers	Three Rivers	622.1								95					622.1 percent of total billed charges	
BKR CHD ORGANIC ACIDS DUAL EA SPECIMEN	8919	PT	654.84	18.92	Wellcare	Medicare	13.16													622.1 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	American	American	157.59								75					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Aetna	Better Health	63.96								20.44					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Amerhealth	HMO/PRO	25.7													199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Aetna	Commercial	79.85								38					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Horizon	NU Health	18.27													199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Aetna	Medicare	11.21													199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	LHC	Medicaid	16.97								11.3					199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	LHC	Medicare	21.21													199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Wellcare	Medicare	16.97													199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	First Health	First Health	147.08								70					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Wellcare	Medicare	21.21													199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Amerhealth	Medicare	21.21													199.61 fee schedule	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Consumer	Consumer	199.61								95					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Multplan	Multplan	188.1								80					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	First Tretton	First Tretton	189.11								90					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Quakare	Quakare	157.59								75					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Corrections	Corrections	188.1								80					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Horizon	Indemnity	80.43								38.28					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Horizon	MGO	80.43								38.28					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Horizon	Medicare Blue	11.04													199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	WellPart	WellPart	65.22								31.04					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Horizon	PPD	80.43								38.28					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Managed Care Inc	Managed Care Inc	110.11								95					199.61 percent of total billed charges	
BKR CHD ORGANIC ACID SINGLE QUANTITATIVE	8921	PT	210.12	24.39	Three Rivers	Three Rivers	199.61								95					199.61 percent of total billed charges	
BKR CHD OSMOLALITY - BLOOD	8930	CPT	64.26	7.6	Amerhealth	Better Health	49.56								20.44					61.05 percent of total billed charges	
BKR CHD OSMOLALITY - BLOOD	8930	CPT	64.26	7.6	Wellcare	Medicare	6.61													61.05 fee schedule	
BKR CHD OSMOLALITY - BLOOD	8930	CPT	64.26	7.6	Aetna	Commercial	24.42														

hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogsadjusted_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargin	standard_chargemins	standard_chargemethodology	additional_generic_notes
University Hospital	2025-09-17	20.0	causa		310119	true														
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Horizon	Commercial	31.63	38.28							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Aetna	Commercial	31.63	38.28							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Horizon	Medicare	14.45	10.1							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Consumer	Consumer	37.4	38.28							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Horizon	PPD	31.63	38.28							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Horizon	Medicare Blue	24.79	10.1							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Wellcare	Medicare	14.45	10.1							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Quaker	Quaker	61.97	38.28							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Managed Care	Managed Care Inc	74.38	90							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Horizon	NJ Health	33.32	38.28							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Horizon	Medicare	31.63	38.28							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 UHC	Medicaid	11.56	10.1							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Wellcare	Medicaid	11.56	10.1							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ OXALATE QUANT 24 HR URINE	83945	CPT	both		82.62	16.62 Three Rivers	Three Rivers	78.49	95							78.49	10.1	78.49	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Aetna	Commercial	154.26	38.28						90.36	29.4	385.66	percent of total billed charges		
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Wellcare	Aetna	304.47	38.28							385.66	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Consumers	Consumers	124.77	38.28							385.66	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Horizon	Indemnity	156.4	38.28						26.13	29.4	385.66	percent of total billed charges		
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Consumer	Consumer	385.66	38.28							385.66	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Aetna	Better Health	23.27	38.28							385.66	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 First Trenton	First Trenton	365.36	90							385.66	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Amneth	HMO/PPD	29.4	38.28							10.83	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Aetna	Medicare	64.41	38.28							11.82	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Horizon	PPD	156.4	38.28							24.45	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 UHC	Medicare	64.41	38.28							13.65	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Amneth	Medicare	64.41	38.28							29.4	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 First Health	First Health	284.17	90							29.4	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 UHC	Medicaid	51.53	38.28							67.93	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Managed Care	Managed Care Inc	365.36	90							29.4	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Wellcare	Medicare	64.41	38.28							29.4	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Multplan	Multplan	89.77	38.28							29.4	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Three Rivers	Three Rivers	365.66	95							30.09	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Horizon	Medicare Blue	10.79	30							29.4	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Quaker	Quaker	40.47	38.28							68.1	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Horizon	MCO	15.64	38.28							59.67	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Wellcare	Medicaid	11.52	38.28							10.51	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 Horizon	NJ Health	71.52	38.28							28.41	29.4	385.66	percent of total billed charges	
BKR CHQ DESY-Y-CARBOXY PROTHROMBIN (DOP)	83951	CPT	both		405.96	74.07 WellPart	WellPart	130.01	31.04							64.3	29.4	385.66	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Amneth	HMO/PPD	64.3	15.62							59.77	10.1	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Aetna	Commercial	227.91	38.28							56.86	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Aetna	Medicare	184.73	30.8							21.15	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Aetna	Better Health	48.27	38.28							26.26	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Amneth	American	449.82	38.28							15.62	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Horizon	NJ Health	106.54	31.04							19.98	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 WellPart	WellPart	48.17	15.62							48.31	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Amneth	Indemnity	229.59	38.28							56.26	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Amneth	Medicare	41.28	15.62							59.77	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Quaker	Quaker	40.82	38.28							59.77	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Horizon	Medicare Blue	179.93	30							43.57	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Consumers	Consumers	479.81	80							112	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Horizon	MCO	79.59	38.28							72.08	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Horizon	PPD	229.59	38.28							138.28	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 UHC	Medicare	41.28	15.62							32.98	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 First Health	First Health	419.83	70							56.77	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Consumer	Consumer	569.77	95							15.62	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Multplan	Multplan	679.81	80							15.62	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Three Rivers	Three Rivers	569.77	95							15.62	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 UHC	Medicaid	182.57	30.44							78.8	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 First Trenton	First Trenton	39.78	90							15.62	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Wellcare	Medicare	41.28	15.62							15.37	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Wellcare	Medicaid	182.57	30.44							31.78	15.62	599.77	percent of total billed charges	
BKR CHQ DPT INTACT	83970	CPT	both		599.76	47.47 Managed Care	Managed Care Inc	599.78	90							15.62	15.62	599.77	percent of total billed charges	
BKR CHQ PH STOOL	83986	CPT	both		108.12	4.12 Amneth	HMO/PPD	3.7	3.58							102.71	3.58	102.71	percent of total billed charges	
BKR CHQ PH STOOL	83986	CPT	both		108.12	4.12 Horizon	Indemnity	41.99	38.28							10.11	3.58	102.71	percent of total billed charges	
BKR CHQ PH STOOL	83986	CPT	both		108.12	4.12 UHC	Medicare	3.58	3.58							102.71	3.58	102.71	percent of total billed charges	
BKR CHQ																				

description	unit	last_updated_on	version	hospital_location	address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	code_type	code	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargescpi	standard_chargescpi_cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginpin	standard_chargescpi	standard_charginpinology	additional_generic_notes		
BRK CHG PHENYLELANINE IN PLASMA	84030	CPT	outpatient	41718	6.33 Horizon	NJ Health	1178	5.5	396.32	fee schedule																
BRK CHG PHENYLELANINE IN PLASMA	84030	CPT	outpatient	41718	6.33 Amerihealth	Medicare	159.7	5.5	396.32	fee schedule																
BRK CHG PHENYLELANINE IN PLASMA	84030	CPT	outpatient	41718	6.33 Three Rivers	Three Rivers	396.32	95	396.32	percent of total billed charges																
BRK CHG PHENYLELANINE IN PLASMA	84030	CPT	outpatient	41718	6.33 Horizon	MGD	159.7	5.5	396.32	percent of total billed charges																
BRK CHG PHENYLELANINE IN PLASMA	84030	CPT	outpatient	41718	6.33 Wellcare	Medicaid	269.99	5.5	396.32	percent of total billed charges																
BRK CHG PHENYLELANINE IN PLASMA	84030	CPT	outpatient	41718	6.33 UHC	Medicaid	159.99	5.5	396.32	percent of total billed charges																
BRK CHG PHENYLELANINE IN PLASMA	84030	CPT	outpatient	41718	6.33 WellPoint	WellPoint	120.49	5.5	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Horizon	Idemity	199.7	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Aetna	Better Health	159.99	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Aetna	Commercial	199.53	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Amerihealth	HMO/PO	6.4	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Consumer	Consumer	396.32	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 First Health	First Health	292.03	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Aetna	Medicare	1.98	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Amerihealth	America	312.89	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Wellcare	Medicaid	3.18	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Corrections	Corrections	337.74	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Horizon	MGD	159.7	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Multplan	Multplan	337.74	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Amerihealth	Medicare	3.98	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Horizon	Medicare Blue	125.15	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 First Trenton	First Trenton	275.46	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Quackre	Quackre	312.89	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Horizon	NJ Health	10.58	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 UHC	Medicaid	3.18	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Horizon	PPO	159.7	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 UHC	Medicare	3.98	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Managed Care Inc	Managed Care Inc	376.46	90	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Wellcare	Medicare	3.98	3.18	396.32	percent of total billed charges																
BRK CHG TYROSINE PLASMA	84035	CPT	outpatient	41718	4.58 Three Rivers	Three Rivers	396.32	95	396.32	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Amerihealth	HMO/PO	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Amerihealth	Medicare	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Amerihealth	Medicare	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	110.4	6.11	216.09	percent of total billed charges																
BRK CHG ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient	227.46	8.75 Wellcare	Medicaid	170.6	6.11	216.09	percent of total billed charges																

description	university_hospital	last_updated_on_version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetmax	standard_charginetmethodology	additional_generic_notes
BKR CHG PHOSPATASE ISOENZYMES	84800	CPT	both	109.14	17 Multilan	Multilan			80	80	103.68	87.31	80	103.68	percent of total billed charges	7.06	7.06	103.68	percent of total billed charges	
BKR CHG PHOSPATASE ISOENZYMES	84800	CPT	both	109.14	17 Three Rivers	Three Rivers			80	80	103.68	87.31	80	103.68	percent of total billed charges	7.06	7.06	103.68	percent of total billed charges	
BKR CHG PHOSPATASE ISOENZYMES	84800	CPT	both	109.14	17 UHC	Medicare			80	80	11.62	11.62	80	11.62	percent of total billed charges	38.8	38.8	11.62	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Aetna	Better Health			30.44	30.44	27.32	27.32	30.44	27.32	percent of total billed charges	13.22	13.22	27.32	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Americare	American			30.44	30.44	67.32	67.32	30.44	67.32	percent of total billed charges	13.22	13.22	67.32	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 UHC	Medicare			30.44	30.44	13.22	13.22	30.44	13.22	percent of total billed charges	70	70	13.22	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Corrections	Corrections			30.44	30.44	71.81	71.81	30.44	71.81	percent of total billed charges	13.22	13.22	71.81	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 First Health	First Health			30.44	30.44	62.83	62.83	30.44	62.83	percent of total billed charges	13.22	13.22	62.83	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Aetna	Medicare			30.44	30.44	16.52	16.52	30.44	16.52	percent of total billed charges	13.22	13.22	16.52	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Aetna	Commercial			30.44	30.44	34.11	34.11	30.44	34.11	percent of total billed charges	13.22	13.22	34.11	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Horizon	MGD			30.44	30.44	14.36	14.36	30.44	14.36	percent of total billed charges	13.22	13.22	14.36	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Consumer	Consumer			30.44	30.44	85.27	85.27	30.44	85.27	percent of total billed charges	13.22	13.22	85.27	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 AmerHealth	HMO/PRO			30.44	30.44	25.8	25.8	30.44	25.8	percent of total billed charges	13.22	13.22	25.8	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 WellPoint	WellPoint			30.44	30.44	27.86	27.86	30.44	27.86	percent of total billed charges	13.22	13.22	27.86	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 First Trenton	First Trenton			30.44	30.44	80.78	80.78	30.44	80.78	percent of total billed charges	13.22	13.22	80.78	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Multilan	Multilan			30.44	30.44	71.81	71.81	30.44	71.81	percent of total billed charges	13.22	13.22	71.81	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Horizon	Identify			30.44	30.44	34.36	34.36	30.44	34.36	percent of total billed charges	13.22	13.22	34.36	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 UHC	Medicare			30.44	30.44	16.52	16.52	30.44	16.52	percent of total billed charges	13.22	13.22	16.52	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Quaire	Quaire			30.44	30.44	67.32	67.32	30.44	67.32	percent of total billed charges	13.22	13.22	67.32	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Wellcare	Medicare			30.44	30.44	16.52	16.52	30.44	16.52	percent of total billed charges	13.22	13.22	16.52	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 AmerHealth	Medicare			30.44	30.44	16.52	16.52	30.44	16.52	percent of total billed charges	13.22	13.22	16.52	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Horizon	Medicare Blue			30.44	30.44	26.53	26.53	30.44	26.53	percent of total billed charges	13.22	13.22	26.53	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Horizon	PP0			30.44	30.44	34.36	34.36	30.44	34.36	percent of total billed charges	13.22	13.22	34.36	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Horizon	NI Health			30.44	30.44	49	49	30.44	49	percent of total billed charges	13.22	13.22	49	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Three Rivers	Three Rivers			30.44	30.44	13.22	13.22	30.44	13.22	percent of total billed charges	13.22	13.22	13.22	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Managed Care Inc	Managed Care Inc			30.44	30.44	80.78	80.78	30.44	80.78	percent of total billed charges	13.22	13.22	80.78	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	89.76	19 Wellcare	Medicaid			30.44	30.44	13.22	13.22	30.44	13.22	percent of total billed charges	13.22	13.22	13.22	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 First Trenton	First Trenton			11.08	11.08	11.08	11.08	11.08	11.08	percent of total billed charges	8.58	8.58	11.08	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Aetna	Better Health			30.44	30.44	37.57	37.57	30.44	37.57	percent of total billed charges	8.58	8.58	37.57	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 AmerHealth	Medicare			8.58	8.58	10.73	10.73	8.58	10.73	percent of total billed charges	8.58	8.58	10.73	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Americare	American			75	75	92.27	92.27	75	92.27	percent of total billed charges	8.58	8.58	92.27	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Aetna	Medicare			8.58	8.58	10.73	10.73	8.58	10.73	percent of total billed charges	8.58	8.58	10.73	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 UHC	Medicaid			8.58	8.58	8.58	8.58	8.58	8.58	percent of total billed charges	8.58	8.58	8.58	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Quaire	Quaire			75	75	92.27	92.27	75	92.27	percent of total billed charges	8.58	8.58	92.27	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Aetna	Commercial			8.58	8.58	46.3	46.3	8.58	46.3	percent of total billed charges	8.58	8.58	46.3	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Horizon	Medicare Blue			8.58	8.58	37.03	37.03	8.58	37.03	percent of total billed charges	8.58	8.58	37.03	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Consumer	Consumer			8.58	8.58	117.25	117.25	8.58	117.25	percent of total billed charges	8.58	8.58	117.25	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 First Health	First Health			8.58	8.58	86.39	86.39	8.58	86.39	percent of total billed charges	8.58	8.58	86.39	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 AmerHealth	HMO/PRO			8.58	8.58	16.6	16.6	8.58	16.6	percent of total billed charges	8.58	8.58	16.6	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Horizon	Identify			8.58	8.58	47.25	47.25	8.58	47.25	percent of total billed charges	8.58	8.58	47.25	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Corrections	Corrections			8.58	8.58	98.74	98.74	8.58	98.74	percent of total billed charges	8.58	8.58	98.74	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 WellPoint	WellPoint			31.04	31.04	38.31	38.31	31.04	38.31	percent of total billed charges	8.58	8.58	38.31	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Horizon	MGD			38.28	38.28	47.25	47.25	38.28	47.25	percent of total billed charges	8.58	8.58	47.25	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Managed Care Inc	Managed Care Inc			90	90	111.08	111.08	90	111.08	percent of total billed charges	8.58	8.58	111.08	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Horizon	NI Health			32.34	32.34	32.34	32.34	32.34	32.34	percent of total billed charges	8.58	8.58	32.34	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Multilan	Multilan			80	80	98.74	98.74	80	98.74	percent of total billed charges	8.58	8.58	98.74	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Wellcare	Medicaid			8.58	8.58	8.58	8.58	8.58	8.58	percent of total billed charges	8.58	8.58	8.58	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Horizon	PP0			38.28	38.28	47.25	47.25	38.28	47.25	percent of total billed charges	8.58	8.58	47.25	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Three Rivers	Three Rivers			95	95	117.25	117.25	95	117.25	percent of total billed charges	8.58	8.58	117.25	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 Wellcare	Medicare			8.58	8.58	10.73	10.73	8.58	10.73	percent of total billed charges	8.58	8.58	10.73	percent of total billed charges	
BKR CHG PHOSPATIDLYGLYCEROL	84801	CPT	outpatient	123.42	12.34 UHC	Medicare			8.58	8.58	10.73	10.73	8.58	10.73	percent of total billed charges	8.58	8.58	10.73	percent of total billed charges	
BKR CHG STONE ANALYSIS (PHOSPHORUS)	84100	CPT	both	86.7	5.45 Aetna	Medicare			5.8	5.8	4.74	4.74	5.8	4.74	percent of total billed charges	1.01	1.01	4.74	percent of total billed charges	
BKR CHG STONE ANALYSIS (PHOSPHORUS)	84100	CPT	both	86.7	5.45 AmerHealth	Medicare			5.8	5.8	4.74	4.74	5.8	4.74	percent of total billed charges	1.01	1.01	4.74	percent of total billed charges	
BKR CHG STONE ANALYSIS (PHOSPHORUS)	84100	CPT	both	86.7	5.45 AmerHealth	HMO/PRO			1.7	1.7	6.28	6.28	1.7	6.28	percent of total billed charges	1.01	1.01	6.28	percent of total billed charges	
BKR CHG STONE ANALYSIS (PHOSPHORUS)	84100	CPT	both	86.7	5.45 Americare	American			65.03	65.03	75	75	65.03	75	percent of total billed charges	1.01	1.01	75	percent of total billed charges	
BKR CHG STONE ANALYSIS (PHOSPHORUS)	84100	CPT	both	86.7	5.45 Aetna	Better Health			26.39	26.39	30.44	30.44	26.39	30.44	percent of total billed charges	12.01	12.01	30.44	percent of total billed charges	
BKR CHG STONE ANALYSIS (PHOSPHORUS)	84100	CPT	both	86.7	5.45 Wellcare	Medicare			4.74	4.74	1.01									

hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	description	code	unit	rate	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount_cash	payee_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargin	standard_chargem	standard_chargemethodology	additional_generic_notes
University Hospital	2025-07-17	20.0	University Hospital	150 Bergen St	31019		BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Horizon	MGD	34.75	38.28			34.75	38.28		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Aetna	Medicare	14.71				14.71			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	First Trenton	Medicare	8.71	90			8.71	90		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Aetna	Better Health	27.63	30.44			27.63	30.44		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	American	American	89.09				89.09			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Consumer	Consumer	86.24				86.24			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Horizon	Indemnity	34.75				34.75	38.28		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Corrections	Corrections	72.62				72.62			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Horizon	PPO	34.75	38.28			34.75	38.28		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Managed Care Inc	Managed Care Inc	63.55				63.55			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Aetna	Commercial	14.7	38			14.7	38		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Aetna	Commercial	16.5				16.5			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Horizon	HMO/PO	14.7				14.7			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Horizon	Medicare Blue	27.23	30			27.23	30		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	WellPoint	WellPoint	28.18	31.04			28.18	31.04		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Wellcare	Medicaid	11.77				11.77			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Multplan	Multplan	72.62				72.62			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	UHC	Medicaid	11.77	80			11.77	80		86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	UHC	Qualicare	89.09				89.09			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Wellcare	Medicare	14.71				14.71			86.24	percent of total billed charges			
							BRK CHD URINE PROTOPORPHYRIN IX	84120	CPT	16.92	Three Rivers	Medicare	86.24	95			86.24	95		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	UHC	Medicare	14.71				14.71			86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Wellcare	Medicare	14.71				14.71			86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Horizon	Indemnity	21.73	30.44			21.73	30.44		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Consumer	Consumer	67.83	95			67.83	95		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Aetna	Medicare	4.78	4.08			4.78	4.08		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Aetna	American	53.55	75			53.55	75		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Aetna	Commercial	27.13	74.3			27.13	74.3		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Multplan	Multplan	67.12	80			67.12	80		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	First Health	First Health	49.89	70			49.89	70		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Aetna	HMO/PO	1.7				1.7			86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Aetna	Medicare	4.78	1.7			4.78	1.7		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Horizon	Indemnity	27.33	36.26			27.33	36.26		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	First Trenton	Medicare	24.26	6.36			24.26	6.36		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Horizon	Medicare Blue	21.42	30			21.42	30		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Corrections	Corrections	57.32	3.03			57.32	3.03		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	UHC	Qualicare	89.09	75			89.09	75		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Wellcare	Medicare	21.73	2.69			21.73	2.69		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Wellcare	Medicaid	3.81				3.81			86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Horizon	NJ Health	7.64	1.72			7.64	1.72		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Horizon	PPO	27.33	38.28			27.33	38.28		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Managed Care Inc	Managed Care Inc	64.26	90			64.26	90		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	WellPoint	WellPoint	22.16	31.04			22.16	31.04		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	UHC	Medicare	4.78	3.32			4.78	3.32		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	UHC	Medicaid	3.81	7.79			3.81	7.79		86.24	percent of total billed charges			
							BRK CHD VBG WITH ELECTROLYTES/POTASSIUM	84132	CPT	16.92	Three Rivers	Three Rivers	67.83	95			67.83	95		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Wellcare	Medicare	4.78	3.76			4.78	3.76		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Aetna	Medicare	27.66	30.8			27.66	30.8		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	American	American	67.32	75			67.32	75		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Horizon	NJ Health	7.64				7.64			86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Aetna	Commercial	24.11	2.57			24.11	2.57		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Aetna	Better Health	27.32	4.83			27.32	4.83		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Consumer	Consumer	86.27	95			86.27	95		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Aetna	HMO/PO	6.7	4.73			6.7	4.73		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Horizon	Medicare Blue	26.93	30			26.93	30		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	First Trenton	Medicare	46.78	4.73			46.78	4.73		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	UHC	Medicare	4.73	7.94			4.73	7.94		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	First Health	First Health	62.83	4.73			62.83	4.73		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Horizon	Indemnity	34.36	38.28			34.36	38.28		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Aetna	Medicare	4.73	4.73			4.73	4.73		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Aetna	Medicare	4.78	12.69			4.78	12.69		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92	Horizon	MGD	34.36	38.28			34.36	38.28		86.24	percent of total billed charges			
							BRK CHD POTASSIUM URINE 24 HOUR	84133	CPT	16.92</														



description	unit	rating	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenr	standard_chargenradjusted_cash	payee_name	plan_name	standard_chargenrnegotiated_dollar	standard_chargenrnegotiated_percentage	standard_chargenrnegotiated_algorithm	estimated_amount	standard_chargenr	standard_chargenr	standard_chargenr	standard_chargenr	standard_chargenr	standard_chargenr	additional_generic_notes	
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Quicare			67.32		Quicare				75	67.32	1.7					63.95 fee schedule		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Quicare			67.32		Quicare				70	67.32	1.7					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 First Tretion			67.32		First Tretion				5.98	17	63.95					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Horizon			67.32		Idemity				75	67.32	1.7					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Wellcare			67.32		Medicaid				3.92	17	63.95					63.95 fee schedule		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Wellcare			67.32		Medicare				3.92	17	63.95					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Horizon			67.32		Medicaid Care Inc				3.67	17	63.95					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Horizon			67.32		Medicaid Care Inc				3.67	17	63.95					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Three Rivers			67.32		Three Rivers				95	63.95	1.7					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Horizon			67.32		NJ Health				5.95	17	63.95					63.95 fee schedule		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Wellfiant			67.32		Wellfiant				31.04	8.37	63.95					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Horizon			67.32		PPQ				38.28	5.95	1.7					63.95 percent of total billed charges		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 UHC			67.32		Medicare				3.67	1.7	63.95					63.95 fee schedule		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 UHC			67.32		Medicaid				2.94	1.7	63.95					63.95 fee schedule		
BRK CHQ PROTEIN URINE	both	CPT	2025-10-17	20.0	04156		4.22 Wellcare			67.32		Medicare				3.67	1.7	63.95					63.95 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Amerhealth				4	1.7	45.54					45.54 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Consumer				95	45.54	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Aetna				30.44	8.14	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Multian				38.35	1.7	45.54					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 First Tretion				41.15	1.7	45.54					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Correlations				38.35	80	45.54					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Wellcare				3.2	1.7	45.54					45.54 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Aetna				4	1.7	45.54					45.54 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Horizon				1.4	1.7	45.54					45.54 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Horizon				18.35	38.28	6.41					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Aetna				38	5.18	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Quicare				35.96	75	45.54					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Amerhealth				1.7	1.7	45.54					45.54 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 UHC				3.2	8.25	1.7					45.54 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 First Health				33.56	70	45.54					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Amercare				35.96	75	45.54					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 UHC				4	3.99	1.7					45.54 fee schedule		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Horizon				18.35	38.28	5.93					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Wellfiant				14.88	4.32	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Horizon				14.38	30	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Horizon				18.35	38.28	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Managed Care Inc				41.15	90	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Three Rivers				3	95	1.7					45.54 percent of total billed charges		
BRK CHQ PROTEIN OTHER SOURCE(CSF SYNOMIAL FLUID)	both	CPT	2025-10-17	20.0	04157		4.794			4794		4.6 Wellcare				4	1.7	45.54					45.54 fee schedule		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 First Health				11.21	70	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 American				100.11	75	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Horizon				48.04	30	20.69					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Aetna				48.75	30.44	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Consumer				162.13	95	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Amerhealth				17.4	7.65	152.13					152.13 fee schedule		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Aetna				60.85	38	27.33					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 UHC				10.74	15	7.65					152.13 fee schedule		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 First Tretion				144.13	90	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Amerhealth				10.74	7.65	152.13					152.13 fee schedule		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Horizon				MGD	61.3	38.28	19.76					152.13 percent of total billed charges	
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Horizon				Idemity	61.3	38.28	19.76					152.13 percent of total billed charges	
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Correlations				128.11	75	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Wellfiant				49.71	31.04	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Aetna				49.32	30.8	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Wellcare				10.74	22.45	7.65					152.13 percent of total billed charges		
BRK CHQ PROTEIN EP FRACTAQUANT SERUM	both	CPT	2025-10-17	20.0	04165		160.14			160.14		12.35 Managed Care Inc													

description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_chargenet	standard_chargenetology	additional_generic_notes	
code	code	2025-09-17	20.0	130119	130119	130119	code	code	code	code	code	code	code	code	code	code	code	code	code	code	
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 First Health	First Health	97.1					97.1			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 Three Rivers	Three Rivers	131.78					131.78			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 Wellcare	Wellcare	14.26					14.26			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 Quakare	Quakare	164.04					164.04			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 UHC	Medicare	14.26					14.26			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 First Trenton	First Trenton	134.85					134.85			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 WellPar	WellPar	43.06					43.06	31.04		9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 UHC	Medicaid	11.48					11.48			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 Wellcare	Medicaid	11.48					11.48			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 Horizon	NJ Health	20.38					20.38			9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROTOPORPHYRIN, REC,QUAT	both	84202	CPT	both	13872	18.5 Managed Care Inc	Managed Care Inc	124.65					124.65	90		9.79	131.78	131.78	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Americare	Americare	55.85					55.85	75		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Amerihealth	Medicare	26.69					26.69			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 UHC	Medicare	26.69					26.69			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Consumer	Consumer	70.74					70.74	95		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Horizon	MGD	28.5					28.5	38.28		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Aetna	Commercial	29.29					29.29	38		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Amerihealth	HMO/PRO	24.2					24.2			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Aetna	Better Health	22.67					22.67	30.44		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Wellcare	Medicare	21.35					21.35			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Quakare	Quakare	55.85					55.85			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 UHC	Medicare	21.35					21.35			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Corrections	Corrections	59.57					59.57	75		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Wellcare	Medicare	26.69					26.69			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Multplan	Multplan	59.57					59.57	80		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Aetna	Medicare	25.69					25.69			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 First Trenton	First Trenton	67.01					67.01	90		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 First Health	First Health	52.12					52.12	70		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Horizon	NJ Health	37.24					37.24			21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Horizon	Indemnity	28.5					28.5	38.28		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Managed Care Inc	Managed Care Inc	67.01					67.01	90		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Horizon	Medicare Blue	22.34					22.34	30		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 WellPar	WellPar	23.11					23.11	31.04		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Horizon	PPO	28.5					28.5	38.28		21.35	70.74	70.74	percent of total billed charges		
BKR CHD PROINSULIN	both	84206	CPT	both	7446	30.69 Three Rivers	Three Rivers	70.74					70.74			21.35	70.74	70.74	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Aetna	Commercial	155.63					155.63			20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Multplan	Multplan	377.2					377.2	80		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Aetna	Better Health	134.51					134.51	30.44	13.69	20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Americare	Americare	150.77					150.77			20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 First Health	First Health	286.31					286.31	70		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Corrections	Corrections	377.22					377.22	80		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Aetna	Medicare	28.1					28.1			5.85	20.2	20.2	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 First Trenton	First Trenton	388.12					388.12	90		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Wellcare	Medicare	28.1					28.1			20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Quakare	Quakare	388.77					388.77			20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Consumer	Consumer	388.57					388.57	95		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Amerihealth	HMO/PRO	43.2					43.2			20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Horizon	Medicare Blue	127.71					127.71	9.59		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Horizon	Indemnity	156.57					156.57	38.28		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Horizon	NJ Health	78.4					78.4	1.47		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Amerihealth	Medicare	28.1					28.1			20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Horizon	MGD	165.57					165.57	38.28		8.87	20.2	388.57	388.57	percent of total billed charges	
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Horizon	PPO	195.57					195.57	38.28		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Wellcare	Medicaid	22.48					22.48			17.6	20.2	20.2	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 UHC	Medicaid	22.48					22.48			13.63	20.2	20.2	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 WellPar	WellPar	128.96					128.96	31.04		6.89	20.2	20.2	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Managed Care Inc	Managed Care Inc	388.12					388.12	90		20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 Three Rivers	Three Rivers	388.57					388.57			20.2	388.57	388.57	percent of total billed charges		
BKR CHD VITAMIN B6 (PIRADOXINE) LAB	both	84207	CPT	both	4092	32.32 UHC	Medicare	28.1					28.1			4.36	20.2	20.2	percent of total billed charges		
BKR CHD PYRUVIC ACID BLOOD	both	84210	CPT	both	5049	16.65 First Trenton	First Trenton	454.41					454.41	90		6.73	478.66	478.66	percent of total billed charges		
BKR CHD PYRUVIC ACID BLOOD	both	84210	CPT	both	5049	16.65 Aetna	Medicare	125.51					125.51	30.8		6.73	478.66	478.66	percent of total billed charges		
BKR CHD PYRUVIC ACID BLOOD	both	84210	CPT	both	5049	16.65 Americare	Americare	378.68					378.68	75		6.73					

description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges_included_cash	payer_name	plan_name	standard_charges_negotiated_dollar	standard_charges_negotiated_percentage	standard_charges_negotiated_algorithm	estimated_amount	standard_charges_in	standard_charges_in	standard_charges_in	standard_charges_in	standard_charges_in	additional_generic_names	
code	code	2025-09-17	20.0	hospital	address	3/10/19 true																	
code	code	2025-09-17	20.0	hospital	address	3/10/19 true																	
BKR CHG REININ, PLASMA	84244	CPT	both	25.29 Horizon	72.42						NJ Health		49	68.8	15.3	3.76	15.3	68.8	15.3	68.8	15.3	68.8 fee schedule	
BKR CHG REININ, PLASMA	84244	CPT	both	25.29 Multijan	72.42						Multijan		57.94	68.8	15.3		15.3	68.8	15.3	68.8	15.3	68.8 percent of total billed charges	
BKR CHG REININ, PLASMA	84244	CPT	both	25.29 Managed Care Inc. Managed Care	72.42						Quicare		54.32	68.8	15.3		15.3	68.8	15.3	68.8	15.3	68.8 percent of total billed charges	
BKR CHG REININ, PLASMA	84244	CPT	both	25.29 Quicare	72.42						Quicare		54.32	68.8	15.3		15.3	68.8	15.3	68.8	15.3	68.8 percent of total billed charges	
BKR CHG REININ, PLASMA	84244	CPT	both	25.29 First Trenton	72.42						Medicaid		17.59	68.8	15.3		9.46	68.8	15.3	68.8	15.3	68.8 percent of total billed charges	
BKR CHG REININ, PLASMA	84244	CPT	both	25.29 Three Rivers	72.42						Three Rivers		68.8	68.8	15.3		9.46	68.8	15.3	68.8	15.3	68.8 percent of total billed charges	
BKR CHG REININ, PLASMA	84244	CPT	both	25.29 UHC	72.42						Medicaid		17.59	68.8	15.3		7.8	15.3	68.8	15.3	68.8	15.3	68.8 fee schedule
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Aetna	30.36						Commercial		11.5	288.76	90		11.5	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Aetna	30.36						Medicare		53.62	288.76	90		30.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Aetna	30.36						Americare		227.97	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Corrections	30.36						Corrections		243.17	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Amerihealth	30.36						HMO/PO		31.5	288.76	90		20.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Aetna	30.36						Better Health		62.53	288.76	90		30.44	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 First Trenton	30.36						First Trenton		17.56	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Amerihealth	30.36						Medicare		20.24	288.76	90		20.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						MD		116.36	288.76	90		38.28	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Consumer	30.36						Consumer		208.76	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						Indemnity		116.36	288.76	90		38.28	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 UHC	30.36						Medicaid		16.33	288.76	90		30.44	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						NJ Health		64.68	288.76	90		20.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 First Health	30.36						First Health		212.77	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						Medicare Blue		91.19	288.76	90		30	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Multijan	30.36						Multijan		243.17	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Managed Care Inc. Managed Care	30.36						Managed Care Inc		273.56	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Wellcare	30.36						Medicare		20.24	288.76	90		20.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						PPO		116.36	288.76	90		38.28	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 WellPart	30.36						WellPart		84.35	288.76	90		31.04	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Three Rivers	30.36						Three Rivers		88.76	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Quicare	30.36						Quicare		227.97	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 UHC	30.36						Medicare		20.24	288.76	90		20.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Wellcare	30.36						Medicare		20.24	288.76	90		30.44	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Aetna	30.36						Medicare		25.53	288.76	90		30.44	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Aetna	30.36						Better Health		31.48	288.76	90		38	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						MD		22.02	288.76	90		38.28	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Americare	30.36						Americare		52.73	288.76	90		4.61	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Amerihealth	30.36						HMO/PO		38	288.76	90		20.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Amerihealth	30.36						Medicare		25.53	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 First Health	30.36						First Health		58.55	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Corrections	30.36						Corrections		66.91	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 UHC	30.36						Medicare		25.53	288.76	90		5.67	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						NJ Health		58.02	288.76	90		1.38	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 WellPart	30.36						WellPart		25.96	288.76	90		31.04	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Consumer	30.36						Consumer		79.46	288.76	90		6.82	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Multijan	30.36						Multijan		66.91	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						Medicare Blue		25.09	288.76	90		30	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Quicare	30.36						Quicare		52.73	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 First Trenton	30.36						First Trenton		75.28	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Wellcare	30.36						Medicaid		20.42	288.76	90		20.24	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						Indemnity		32.02	288.76	90		38.28	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Horizon	30.36						PPO		32.02	288.76	90		38.28	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Managed Care Inc. Managed Care	30.36						Managed Care Inc		75.28	288.76	90		20.24	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 Three Rivers	30.36						Three Rivers		79.46	288.76	90		9.58	288.76	90	288.76	90	288.76 percent of total billed charges	
BKR CHG VITAMIN B2, WHOLE BLOOD	84252	CPT	both	23.28 UHC	30.36						Medicaid		20.42	288.76	90		15.76	288.76	90	288.76	90	288.76 fee schedule	
BKR CHG SEROTONIN SERUM	84260	outpatient	both	35.63 Aetna	49.98						Commercial		18.99	99.18	38		14.99	99.18	38	99.18	38	99.18 percent of total billed charges	
BKR CHG SEROTONIN SERUM	84260	outpatient	both	35.63 Amerihealth	4																		



description	unit	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargedeprecated_dollar	standard_chargedeprecated_percentage	standard_chargedeprecated_algorithm	estimated_amount	standard_charginum	standard_chargemax	standard_chargemethodology	additional_generic_notes
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	63.3 Consumer	76138	Consumer	75.78	95										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	63.3 Aetna	76138	Medicare	235.31	30.8										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 First Health	76138	First Health	63.39	70										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Aetna	76138	Commercial	260.31	80										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Corrections	76138	Corrections	611.18	80										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Amerihealth	76138	Amerihealth	5.5											5.5	75.78	fee schedule		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Aetna	76138	Better Health	232.26	30.44										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Amerihealth	76138	HMO/PRO	7.8											5.5	75.78	fee schedule		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Horizon	76138	NJ Health	6.12											5.5	75.78	fee schedule		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Horizon	76138	MCD	262.45	38.28										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Horizon	76138	Medicare Blue	229.19	30										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Horizon	76138	Idenity	262.45	38.28										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Quakare	76138	Quakare	572.99	78.25										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 First Trenton	76138	First Trenton	691.58	90										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Horizon	76138	Muljian	611.18	80										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Wellcare	76138	Medicare	5.5											5.5	75.78	fee schedule		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 UHC	76138	Medicare	5.5											5.5	75.78	fee schedule		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Horizon	76138	PPO	262.45	38.28										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Three Rivers	76138	Three Rivers	75.78	95										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Managed Care Inc	76138	Managed Care Inc	691.58	78										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 WellPart	76138	WellPart	271.74	31.04										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 UHC	76138	Medicare	325.56	30.44										5.5	75.78	percent of total billed charges		
BRK CHG REDUCING SUBSTANCE FEES	84376	CPT	outpatient	6.33 Wellcare	76138	Medicaid	232.26	30.44										5.5	75.78	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Aetna	279.45	Better Health	85.07	30.44										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Aetna	279.45	Commercial	182.2	38										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Corrections	279.45	Corrections	223.58	80										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 First Trenton	279.45	First Trenton	253.53	70										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Consumer	279.45	Consumer	265.51	95										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 First Health	279.45	First Health	195.64	70										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Horizon	279.45	Idenity	106.98	38.28										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Aetna	279.45	Medicare	5.5											4.4	265.51	fee schedule		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Horizon	279.45	Medicare Blue	83.84	30										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Horizon	279.45	Medicare	5.5											4.4	265.51	fee schedule		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Muljian	279.45	Muljian	233.58	80										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Horizon	279.45	NJ Health	6.12											4.4	265.51	fee schedule		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 UHC	279.45	Medicaid	4.4											4.4	265.51	fee schedule		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 UHC	279.45	Medicare	5.5											4.4	265.51	fee schedule		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Quakare	279.45	Quakare	209.61	75										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Americare	279.45	Americare	209.61	75										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Wellcare	279.45	Medicare	5.5											4.4	265.51	fee schedule		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Horizon	279.45	MCD	106.98	38.28										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Horizon	279.45	PPO	106.98	38.28										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 WellPart	279.45	WellPart	86.75	31.04										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Amerihealth	279.45	HMO/PRO	7.8											4.4	265.51	fee schedule		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Managed Care Inc	279.45	Managed Care Inc	253.53	78										4.4	265.51	percent of total billed charges		
BRK CHG SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient	6.33 Three Rivers	279.45	Three Rivers	265.51	95										4.4	265.51	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	6.33 Wellcare	383.52	Medicaid	4.4											4.4	265.51	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 Aetna	383.52	Better Health	116.74	30.44										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Corrections	383.52	Corrections	368.82	80										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Amerihealth	383.52	HMO/PRO	15.9											4.4	364.34	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 Horizon	383.52	PPO	146.81	38.28									6.23	4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Consumer	383.52	Consumer	364.34	38										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Aetna	383.52	Medicare	11.53											4.4	364.34	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 Aetna	383.52	Commercial	145.74	35										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Amerihealth	383.52	Medicare	11.53											4.4	364.34	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 First Health	383.52	First Health	288.46	70										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 First Trenton	383.52	First Trenton	345.17	90										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Horizon	383.52	MCD	146.81	38.28										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Quakare	383.52	Quakare	287.64	75										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Wellcare	383.52	Medicaid	9.22	7.34										4.4	364.34	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 Americare	383.52	Americare	287.64	75										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Horizon	383.52	NJ Health	12.8										0.69	4.4	364.34	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 Horizon	383.52	Muljian	306.82	80										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 Wellcare	383.52	Medicare	11.53											4.4	364.34	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 Horizon	383.52	Medicare Blue	115.06	30										4.4	364.34	percent of total billed charges		
BRK CHG URINE PH	84378	CPT	both	13.26 UHC	383.52	Medicare	11.53											4.4	364.34	fee schedule		
BRK CHG URINE PH	84378	CPT	both	13.26 Horizon	383.52																	





hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount	payor_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginum	standard_chargemsg	standard_chargemethodology	additional_generic_notes
University Hospital	2025-09-17	20.0	University	High 150	Begun St	31019 N														
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Horizon	MGD	71.4	5.96	Horizon	Medicare	27.33	17.2	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Horizon	MGD	71.4	5.96	Horizon	Medicare	51.72	80	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Horizon	Indemnity	71.4	5.96	Horizon	Medicare	27.33	17.2	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Wellcare	Medicaid	71.4	5.96	Wellcare	Medicaid	21.73	30.44	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	UHC	Medicare	71.4	5.96	UHC	Medicare	5.18	7.68	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Quicare	Outcare	71.4	5.96	Quicare	Outcare	53.55	75	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Managed Care Inc	Managed Care Inc	71.4	5.96	Managed Care Inc	Managed Care Inc	64.26	90	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Wellcare	Medicare	71.4	5.96	Wellcare	Medicare	5.18	7.68	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ASPARTATE AMINO (AST)SGOT	84450	CPT	both	5.96	Wellcare	Medicaid	71.4	5.96	Wellcare	Medicaid	21.73	30.44	67.83	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Aetna	Commercial	118.32	6.1	Aetna	Commercial	36.02	12.18	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Consumer	Consumer	118.32	6.1	Consumer	Consumer	112.4	95	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	AmeriHealth	Medicare	118.32	6.1	AmeriHealth	Medicare	5.8	7.68	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	American	American	118.32	6.1	American	American	88.74	75	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Aetna	Commercial	118.32	6.1	Aetna	Commercial	44.98	38	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Aetna	Medicare	118.32	6.1	Aetna	Medicare	5.3	5.27	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Horizon	Medicare Blue	118.32	6.1	Horizon	Medicare Blue	36.5	17	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	AmeriHealth	HMO/PRO	118.32	6.1	AmeriHealth	HMO/PRO	1.7	1.7	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	First Trenton	First Trenton	118.32	6.1	First Trenton	First Trenton	109.49	90	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Three Rivers	Three Rivers	118.32	6.1	Three Rivers	Three Rivers	112.4	112.4	percent of total billed charges							
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	First Health	First Health	118.32	6.1	First Health	First Health	82.82	70	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Horizon	NJ Health	118.32	6.1	Horizon	NJ Health	5.88	5.88	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Managed Care Inc	Managed Care Inc	118.32	6.1	Managed Care Inc	Managed Care Inc	109.49	90	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Corrections	Corrections	118.32	6.1	Corrections	Corrections	94.66	80	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Horizon	Indemnity	118.32	6.1	Horizon	Indemnity	45.29	38.28	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Horizon	PPO	118.32	6.1	Horizon	PPO	45.29	38.28	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Multiplan	Multiplan	118.32	6.1	Multiplan	Multiplan	94.66	80	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	UHC	Medicare	118.32	6.1	UHC	Medicare	4.24	4.24	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Quicare	Quicare	118.32	6.1	Quicare	Quicare	88.74	75	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Horizon	MCO	118.32	6.1	Horizon	MCO	45.29	38.28	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	UHC	Medicare	118.32	6.1	UHC	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicaid	118.32	6.1	Wellcare	Medicaid	4.24	4.24	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	4.24	4.24	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	39.73	39.73	112.4	percent of total billed charges						
BKR CHG TRANSFERASE ALANINE AMINO AL T SPT	84460	CPT	both	6.1	Wellcare	Medicare	118.32	6.1	Wellcare	Medicare	5.3	5.3	112.4							





description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemix	standard_chargemixology	additional_generic_notes
code	code	2025-07-17	2.0.0	University Hospital	150 Bergen St	31019 true															
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Aetna	Medicare			399.84	15.78 Aetna	Commercial		38						379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Aetna	Commercial			399.84	15.78 Aetna	Commercial		38						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Horizon	Medicare			399.84	15.78 Horizon	Medicare		30						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Consumer	Consumer			399.84	15.78 Consumer	Consumer		95						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Aetna	Medicare			399.84	15.78 Aetna	Medicare		30.44			61.34			379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Amerihealth	HMO/PO			399.84	15.78 Amerihealth	HMO/PO		94						379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Horizon	NI Health			399.84	15.78 Horizon	NI Health		35.28			7.15			379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 First Trienton	First Trienton			399.84	15.78 First Trienton	First Trienton		90						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Horizon	MGD			399.84	15.78 Horizon	MGD		38.28			26.94			379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Multplan	Multplan			399.84	15.78 Multplan	Multplan		39.87						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Horizon	PPO			399.84	15.78 Horizon	PPO		38.28						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Managed Care Inc	Managed Care Inc			399.84	15.78 Managed Care Inc	Managed Care Inc		90						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Amerihealth	Medicare			399.84	15.78 Amerihealth	Medicare		73.72						379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 First Health	First Health			399.84	15.78 First Health	First Health		279.69						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Three Rivers	Three Rivers			399.84	15.78 Three Rivers	Three Rivers		379.85						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Quakere	Quakere			399.84	15.78 Quakere	Quakere		299.88						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 LHC	Medicare			399.84	15.78 LHC	Medicare		13.72				13.65		379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Horizon	Indemnity			399.84	15.78 Horizon	Indemnity		38.28						379.85 percent of total billed charges	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Wellcare	Medicare			399.84	15.78 Wellcare	Medicare		13.72						379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 LHC	Medicare			399.84	15.78 LHC	Medicare		10.98						379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 Wellcare	Medicaid			399.84	15.78 Wellcare	Medicaid		10.98						379.85 fee schedule	
BKR CHG VITAMIN K1	CPT	84597		both	399.84	15.78 WellPoint	WellPoint			399.84	15.78 WellPoint	WellPoint		24.13						379.85 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Wellcare	Medicaid			406.98	19.68 Wellcare	Medicaid		13.69						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 LHC	Medicare			406.98	19.68 LHC	Medicare		17.11						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Aetna	Better Health			406.98	19.68 Aetna	Better Health		123.88			30.44			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Amerihealth	Medicare			406.98	19.68 Amerihealth	Medicare		17.11						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Americare	Americare			406.98	19.68 Americare	Americare		305.24			75			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Wellcare	Medicare			406.98	19.68 Wellcare	Medicare		17.11						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Aetna	Medicare			406.98	19.68 Aetna	Medicare		17.11						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 First Health	First Health			406.98	19.68 First Health	First Health		284.89						366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Amerihealth	HMO/PO			406.98	19.68 Amerihealth	HMO/PO		25						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Consumer	Consumer			406.98	19.68 Consumer	Consumer		95						366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Aetna	Commercial			406.98	19.68 Aetna	Commercial		38						366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 First Trienton	First Trienton			406.98	19.68 First Trienton	First Trienton		38						366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Horizon	MGD			406.98	19.68 Horizon	MGD		155.79						366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Correlations	Correlations			406.98	19.68 Correlations	Correlations		335.58			80			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Horizon	Medicare Blue			406.98	19.68 Horizon	Medicare Blue		22.29			30			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Horizon	PPO			406.98	19.68 Horizon	PPO		165.79			38.28			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Horizon	Indemnity			406.98	19.68 Horizon	Indemnity		165.79			38.28			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Horizon	NI Health			406.98	19.68 Horizon	NI Health		35.28						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Multplan	Multplan			406.98	19.68 Multplan	Multplan		325.58			80			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Three Rivers	Three Rivers			406.98	19.68 Three Rivers	Three Rivers		366.63			95			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Quakere	Quakere			406.98	19.68 Quakere	Quakere		305.24			75			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 Managed Care Inc	Managed Care Inc			406.98	19.68 Managed Care Inc	Managed Care Inc		368.28			90			366.63 percent of total billed charges	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 LHC	Medicare			406.98	19.68 LHC	Medicare		13.69						366.63 fee schedule	
BKR CHG VOAULTS BLOOD	CPT	84000		inpatient	406.98	19.68 WellPoint	WellPoint			406.98	19.68 WellPoint	WellPoint		126.33			31.04			366.63 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Aetna	Commercial			226.44	14.85 Aetna	Commercial		86.05						215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Aetna	Better Health			226.44	14.85 Aetna	Better Health		30.44						215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Aetna	Medicare			226.44	14.85 Aetna	Medicare		12.91						215.12 fee schedule	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 First Trienton	First Trienton			226.44	14.85 First Trienton	First Trienton		20.93						215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Consumer	Consumer			226.44	14.85 Consumer	Consumer		95						215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 LHC	Medicare			226.44	14.85 LHC	Medicare		12.91						215.12 fee schedule	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Horizon	Indemnity			226.44	14.85 Horizon	Indemnity		86.08			38.28			215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Amerihealth	Medicare			226.44	14.85 Amerihealth	Medicare		12.91						215.12 fee schedule	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Horizon	MGD			226.44	14.85 Horizon	MGD		86.68			38.28			215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Amerihealth	HMO/PO			226.44	14.85 Amerihealth	HMO/PO		8.2						215.12 fee schedule	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Americare	Americare			226.44	14.85 Americare	Americare		169.83			75			215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Horizon	PPO			226.44	14.85 Horizon	PPO		86.68			38.28			215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Multplan	Multplan			226.44	14.85 Multplan	Multplan		81.15			80			215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Wellcare	Medicare			226.44	14.85 Wellcare	Medicare		12.91						215.12 fee schedule	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Horizon	Medicare Blue			226.44	14.85 Horizon	Medicare Blue		67.59			70			215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT	84200		outpatient	226.44	14.85 Correlations	Correlations			226.44	14.85 Correlations	Correlations		15			80			215.12 percent of total billed charges	
BKR CHG D-VYLOSE	CPT																				

hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount_cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginpin	standard_chargemsgs	standard_chargemsgtechnology	additional_generic_notes	
University Hospital	2025-09-17	20.0	University Hospital	1500	31019	true																
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Horizon	Indemnity			68.72				38.28			20.7	5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Multplan	Medicaid			143.62				80			16.21	5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	First Trienton	First Health			161.57				80				5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	First Health	First Health			155.66				75				5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Americare	Americare			134.64				75				5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	LHC	Medicare			7.52				6.82				5.88	170.54	fee schedule		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	NJ Health	NJ Health			5.88				5.88				7	170.54	fee schedule		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Wellcare	MGD			68.72				38.28			21.68	5.88	170.54	fee schedule		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Wellcare	Medicaid			6.02				38.28			15.29	5.88	170.54	fee schedule		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Horizon	PPO			68.72				38.28			15.41	5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Managed Care Inc	Managed Care Inc			161.57				90				5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Three Rivers	Three Rivers			105.54				90				5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Anehealth	Medicare			7.52				2.79				5.88	170.54	fee schedule		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Quicare	Quicare			134.64				75				5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Wellcare	Medicare			7.52				3.04			8.39	5.88	170.54	fee schedule		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Wellcare	WellPart			57.2				31.04				5.88	170.54	percent of total billed charges		
BKR CHG SERUM PREG TEST	84703	CPT	both	179.52	8.65	Consumer	Consumer			170.54								5.88	170.54	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Consumer	Consumer			72.72					95				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	First Health	First Health			70					4.9				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Anehealth	HMO/PPD			49.91					65				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Aetna	Commercial			253.53					30.8				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Americare	Americare			57.42					75				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Aetna	Better Health			23.19					30.44				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Aetna	Commercial			201.09					38			126.12	4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Corrections	Corrections			612.82					80				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Horizon	Indemnity			293.23					38.28				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Wellcare	Medicaid			231.18					30.44				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	LHC	Medicaid			231.18					30.44				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Horizon	MGD			293.23					38.28				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Multplan	Multplan			412.82					80				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Horizon	PPO			293.23					38.28				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	First Trienton	First Trienton			88.62					90				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Horizon	Medicare			29.91					9				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	WellPart	WellPart			237.77					31.04				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Quicare	Quicare			84.52					75				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Managed Care Inc	Managed Care Inc			69.42					90				4.9	72.72	percent of total billed charges		
BKR CHG POTASSIUM, FLUID	84999	CPT	both	766.02	Three Rivers	Three Rivers			72.72					4.9				4.9	72.72	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Consumer	Consumer			37.79				65				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Aetna	Better Health			12.11				30.44			5.6	3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Quicare	Quicare			29.84				3.8				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	First Health	First Health			70				3.8				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Aetna	Medicare			12.25				30.8				2.95	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Anehealth	HMO/PPD			4.9				3.8				2.23	3.8	37.79	fee schedule	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Aetna	Commercial			15.12				3.8				5.69	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Horizon	Medicare Blue			11.93				30.28				3.88	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Horizon	PPO			15.23				38.28				7.17	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Anehealth	Medicare			3.8				3.8				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Americare	Americare			29.84				75				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Horizon	MGD			15.23				38.28				5.63	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	LHC	Medicaid			12.11				30.44				5.78	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Corrections	Corrections			31.82				1.76				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Multplan	Multplan			21.82				80				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	First Trienton	First Trienton			38.8				90				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	LHC	Medicare			3.8				3.8				2.56	3.8	37.79	fee schedule	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Three Rivers	Three Rivers			37.79				3.8				3.8	37.79	percent of total billed charges		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Wellcare	Medicaid			12.11				95				6	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Horizon	Indemnity			15.23				38.28				4.93	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Wellcare	Medicare			3.8				3.8				2.78	3.8	37.79	fee schedule	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	WellPart	WellPart			12.35				31.04				5.33	3.8	37.79	percent of total billed charges	
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Horizon	NJ Health			4.7				2.21				3.8	37.79	fee schedule		
BKR CHG MANUAL DIFFERENTIAL	85007	CPT	both	39.78	4.37	Managed Care Inc	Managed Care Inc			36.8				90				3.8	37.79	percent of total billed charges		
BKR CHG BLOOD SMEAR W/ MANUAL DIFF WBC COUNT	85008	CPT	outpatient	29.58	3.94	Americare	Americare			22.19				75				2.35	28.1	percent of total billed charges		
BKR CHG BLOOD SMEAR W/ MANUAL DIFF WBC COUNT	85008	CPT	outpatient	29.58	3.94	Consumer	Consumer			26.1				2.35				2.35	28.1	percent of total billed charges		
BKR CHG BLOOD SMEAR W/ MANUAL DIFF WBC COUNT	85008	CPT	outpatient	29.58	3.94	Horizon	Medicare Blue			8.87				90				2.35	28.1	percent of total billed charges		
BKR CHG BLOOD SMEAR W/ MANUAL DIFF WBC COUNT	85008	CPT	outpatient	29.58	3.94	Anehealth	Medicare			3.43				2.35				2.35	28.1	fee schedule		
BKR CHG BLOOD SMEAR W/ MANUAL DIFF WBC COUNT	85008	CPT	outpatient	29.58	3.94	Medicaid	Medicaid			2.35				2.3								

hospital_name	last_updated_on_version	hospital_location_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	true	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges/insured_cash	payer_name	plan_name	standard_charges/regulated_dollar	standard_charges/regulated_percentage	standard_charges/regulated_algorithm	estimated_amount	standard_charginm	standard_charginm	standard_charginm/technology	additional_generic_notes	
description	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type	code	type
BKR CHG HGB	85018	CPT	66.3	2.73	First Health	First Health	46.41	70	23.99	Medicaid	Medicaid	46.41	1.9	62.99	1.9	62.99	percent of total billed charges			
BKR CHG HGB	85018	CPT	66.3	2.73	Three Rivers	Three Rivers	62.99	95	62.99	Medicaid	Medicaid	62.99	1.9	62.99	1.9	62.99	percent of total billed charges			
BKR CHG HGB	85018	CPT	66.3	2.73	Managed Care Inc	Managed Care Inc	62.99	95	62.99	Medicaid	Medicaid	62.99	1.9	62.99	1.9	62.99	percent of total billed charges			
BKR CHG HGB	85018	CPT	66.3	2.73	Managed Care Inc	Managed Care Inc	53.04	80	53.04	Medicaid	Medicaid	53.04	1.9	62.99	1.9	62.99	percent of total billed charges			
BKR CHG HGB	85018	CPT	66.3	2.73	Wellcare	Wellcare	1.9	1.9	1.9	Medicaid	Medicaid	1.9	1.9	62.99	1.9	62.99	percent of total billed charges			
BKR CHG HGB	85018	CPT	66.3	2.73	Multplan	Multplan	53.04	80	53.04	Medicaid	Medicaid	53.04	1.9	62.99	1.9	62.99	percent of total billed charges			
BKR CHG HGB	85018	CPT	66.3	2.73	Wellpoint	Wellpoint	20.58	20.58	20.58	Medicaid	Medicaid	20.58	5.65	1.9	62.99	1.9	62.99	percent of total billed charges		
BKR CHG HGB	85018	CPT	66.3	2.73	Quakare	Quakare	49.73	75	49.73	Medicaid	Medicaid	49.73	1.9	62.99	1.9	62.99	percent of total billed charges			
BKR CHG HGB	85018	CPT	66.3	2.73	UHC	Medicaid	1.9	1.9	1.9	Medicaid	Medicaid	1.9	4.85	1.9	62.99	1.9	62.99	percent of total billed charges		
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Aetna	Better Health	30.44	30.44	30.44	Medicaid	Medicaid	30.44	10.76	42.64	10.76	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Aetna	Aetna	33.66	75	33.66	Medicaid	Medicaid	33.66	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Horizon	Indemnity	17.18	38.28	17.18	Medicaid	Medicaid	17.18	11.8	42.64	11.8	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	First Trenton	First Trenton	40.39	90	40.39	Medicaid	Medicaid	40.39	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Horizon	MGD	17.18	38.28	17.18	Medicaid	Medicaid	17.18	10.85	42.64	10.85	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Aetna	Commercial	17.05	38.28	17.05	Medicaid	Medicaid	17.05	10.76	42.64	10.76	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	First Health	First Health	31.42	70	31.42	Medicaid	Medicaid	31.42	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Horizon	NJ Health	9.8	9.8	9.8	Medicaid	Medicaid	9.8	4.07	42.64	4.07	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Aetna	Medicare	7.77	7.77	7.77	Medicaid	Medicaid	7.77	5.87	42.64	5.87	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Aetna	HMO/PRO	11	11	11	Medicaid	Medicaid	11	6.36	42.64	6.36	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Horizon	Medicare Blue	13.46	30	13.46	Medicaid	Medicaid	13.46	6.32	42.64	6.32	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	UHC	Medicaid	6.22	6.22	6.22	Medicaid	Medicaid	6.22	11.33	42.64	11.33	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	UHC	Medicare	7.77	7.77	7.77	Medicaid	Medicaid	7.77	6	42.64	6	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Multplan	Multplan	35.9	80	35.9	Medicaid	Medicaid	35.9	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Horizon	PPO	17.18	38.28	17.18	Medicaid	Medicaid	17.18	38.28	42.64	38.28	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Managed Care Inc	Managed Care Inc	40.39	90	40.39	Medicaid	Medicaid	40.39	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Consumer	Consumer	42.64	95	42.64	Medicaid	Medicaid	42.64	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Aetna	Medicare	7.77	7.77	7.77	Medicaid	Medicaid	7.77	5.58	42.64	5.58	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Wellcare	Medicaid	6.22	6.22	6.22	Medicaid	Medicaid	6.22	11.08	42.64	11.08	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Wellpoint	WellPoint	13.93	31.04	13.93	Medicaid	Medicaid	13.93	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Quakare	Quakare	33.66	75	33.66	Medicaid	Medicaid	33.66	9.22	42.64	9.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Corrections	Corrections	35.9	80	35.9	Medicaid	Medicaid	35.9	7.81	42.64	7.81	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Three Rivers	Three Rivers	42.64	95	42.64	Medicaid	Medicaid	42.64	6.22	42.64	6.22	42.64	percent of total billed charges			
BKR CHG POCT CBC	85025	CPT	44.88	8.94	Wellcare	Medicare	7.77	7.77	7.77	Medicaid	Medicaid	7.77	6.77	42.64	6.77	42.64	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Aetna	Medicare	6.47	6.47	6.47	Medicaid	Medicaid	6.47	5.38	32.95	5.38	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Aetna	Commercial	51.38	38	51.38	Medicaid	Medicaid	51.38	8.89	32.95	8.89	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	First Health	First Health	24.28	70	24.28	Medicaid	Medicaid	24.28	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Corrections	Corrections	27.74	80	27.74	Medicaid	Medicaid	27.74	3.17	32.95	3.17	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Aetna	Better Health	10.56	30.44	10.56	Medicaid	Medicaid	10.56	30.44	32.95	30.44	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Aetna	Medicare	6.47	6.47	6.47	Medicaid	Medicaid	6.47	1.33	32.95	1.33	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Consumer	Consumer	32.95	95	32.95	Medicaid	Medicaid	32.95	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Horizon	MGD	13.28	38.28	13.28	Medicaid	Medicaid	13.28	9.4	32.95	9.4	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Aetna	Aetna	26.01	75	26.01	Medicaid	Medicaid	26.01	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Horizon	Indemnity	13.28	38.28	13.28	Medicaid	Medicaid	13.28	8.99	32.95	8.99	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Horizon	PPO	13.28	38.28	13.28	Medicaid	Medicaid	13.28	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Horizon	NJ Health	9.41	30	9.41	Medicaid	Medicaid	9.41	3.17	32.95	3.17	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Aetna	HMO/PRO	10.1	30	10.1	Medicaid	Medicaid	10.1	5.22	32.95	5.22	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Horizon	Medicare Blue	18.4	30	18.4	Medicaid	Medicaid	18.4	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	UHC	Medicaid	5.18	5.18	5.18	Medicaid	Medicaid	5.18	8.97	32.95	8.97	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Wellpoint	WellPoint	50.76	31.04	50.76	Medicaid	Medicaid	50.76	8.4	32.95	8.4	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	First Trenton	First Trenton	31.21	90	31.21	Medicaid	Medicaid	31.21	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Multplan	Multplan	27.74	80	27.74	Medicaid	Medicaid	27.74	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Wellcare	Medicaid	5.18	5.18	5.18	Medicaid	Medicaid	5.18	8.59	32.95	8.59	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Wellcare	Medicare	6.47	6.47	6.47	Medicaid	Medicaid	6.47	4.1	32.95	4.1	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Managed Care Inc	Managed Care Inc	31.21	31.21	31.21	Medicaid	Medicaid	31.21	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Quakare	Quakare	26.01	75	26.01	Medicaid	Medicaid	26.01	75	32.95	75	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	Three Rivers	Three Rivers	32.95	95	32.95	Medicaid	Medicaid	32.95	5.18	32.95	5.18	32.95	percent of total billed charges			
BKR CHG POCT CBC	85027	CPT	34.68	7.44	UHC	Medicare	6.47	6.47	6.47	Medicaid	Medicaid	6.47	4.13	32.95	4.13	32.95	percent of total billed charges			
BKR CHG POCT CBC	85041	outpatient	189.72	3.47	Aetna	Medicaid	3.02	3.02	3.02	Medicaid	Medicaid	3.02	2.35	189.23	2.35	189.23	percent of total billed charges			
BKR CHG POCT CBC	85041	outpatient	189.72	3.47	Corrections	Corrections	151.78	80	151.78	Medicaid	Medicaid	151.78	2.35	189.23	2.35	189.23	percent of total billed charges			
BKR CHG POCT CBC	85041	outpatient	189.72	3.47	Horizon	Medicare Blue	56.90	30.44	56.90	Medicaid	Medicaid	56.90	2.35	189.23	2.35	189.23	percent of total billed charges			
BKR CHG POCT CBC	85041	outpatient	189.72	3.47	Aetna	HMO/PRO	4.7	30.44	4.7	Medicaid	Medicaid	4.7	6.61	189.23	6.61	189.23	percent of total billed charges			
BKR CHG POCT CBC	85041	outpatient	189.72	3.47	Aetna	Medicare	58.43	30.8	58.43	Medicaid	Medicaid	58.43	2.35	189.23	2.35	189.23	percent of total billed charges			
BKR CHG POCT CBC	85041	outpatient	189.72	3.47	Horizon	PPO	75.28	38.28	75.28	Medicaid	Medicaid	75.28	7.86	189.23	7.86	189.23	percent of total billed charges			







description	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargedisclosed_cash	payee_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	2025-09-17	20.0	University Hospital	University Hwy 150 Bergen St	310119 true	83301	CPT			12.43 UHC	198.9	Medicare		1081	75			10.81	10.81	188.96 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 UHC	198.9	Medicare		1081	75			10.81	75			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Horizon	198.9	Medicare		1081	38.28			10.81	38.28			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Horizon	198.9	Indemnity		1081	76.14			10.81	76.14			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Aetna	198.9	Commercial		1081	75.58			10.81	75.58			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Horizon	198.9	Medicare Blue		1081	59.67			10.81	59.67			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Consumer	198.9	Consumer		1081	96.96			10.81	96.96			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Horizon	198.9	PPO		1081	76.14			10.81	76.14			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 WellPant	198.9	WellPant		1081	61.74			10.81	61.74			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 UHC	198.9	Medicaid		1081	60.55			10.81	60.55			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Wellcare	198.9	Medicaid		1081	60.55			10.81	60.55			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Managed Care Inc	198.9	Managed Care Inc		1081	179.01			10.81	90			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Wellcare	198.9	Medicare		1081	10.81			10.81	10.81			10.81	10.81	188.96 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Horizon	198.9	NJ Health		1081	31.36			10.81	31.36			10.81	10.81	188.96 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83301	CPT				12.43 Three Rivers	198.9	Three Rivers		1081	188.96			10.81	95			10.81	10.81	188.96 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Aetna	79.56	Medicare		1201	12.01			9.61	70			9.61	9.61	75.58 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 First Health	79.56	First Health		1201	65.69			9.61	9.61			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Amerihealth	79.56	HMO/PPD		1201	18.8			9.61	9.61			9.61	9.61	75.58 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Aetna	79.56	Better Health		1201	24.22			9.61	30.44			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Consumer	79.56	Consumer		1201	75.58			9.61	9.61			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 WellPant	79.56	WellPant		1201	24.7			9.61	31.04			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Horizon	79.56	Medicaid		1201	30.46			9.61	38.28			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Horizon	79.56	NJ Health		1201	35.28		1.79	9.61	9.61			9.61	9.61	75.58 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Americare	79.56	Americare		1201	59.67			9.61	75			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Aetna	79.56	Commercial		1201	30.23			9.61	38			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Wellcare	79.56	Medicare		1201	12.01		3.13	9.61	9.61			9.61	9.61	75.58 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Outcare	79.56	Outcare		1201	59.67			9.61	75			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Conecticare	79.56	Conecticare		1201	65.69			9.61	80			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Amerihealth	79.56	Medicare		1201	12.01			9.61	75			9.61	9.61	75.58 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Horizon	79.56	Indemnity		1201	30.46		38.28	9.61	9.61			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 UHC	79.56	Medicare		1201	12.01			9.61	90			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 First Trenton	79.56	First Trenton		1201	71.6			9.61	90			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Multplan	79.56	Multplan		1201	65.65			9.61	9.61			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Horizon	79.56	PPO		1201	30.46			9.61	30.46			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Horizon	79.56	Medicare Blue		1201	23.87			9.61	30			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Three Rivers	79.56	Three Rivers		1201	75.58			9.61	95			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Managed Care Inc	79.56	Managed Care Inc		1201	71.6			9.61	9.61			9.61	9.61	75.58 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 UHC	79.56	Medicaid		1201	9.61			9.61	14.82			9.61	9.61	75.58 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83302	CPT				13.81 Wellcare	79.56	Medicaid		1201	9.61			9.61	9.61			9.61	9.61	75.58 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Consumer	128.92	Consumer		1107	122.09			11.07	11.07			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Conecticare	128.92	Conecticare		1107	102.82			11.07	95			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Aetna	128.92	Better Health		1107	49.2			11.07	28.4			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Horizon	128.92	Americare		1107	39.12			11.07	22.67			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Americare	128.92	Americare		1107	66.39			11.07	75			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Multplan	128.92	Multplan		1107	82.82			11.07	90			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Aetna	128.92	Commercial		1107	48.84			11.07	38			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Amerihealth	128.92	HMO/PPD		1107	27.2			11.07	26.96			11.07	11.07	122.09 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Horizon	128.92	Indemnity		1107	49.2		38.28	11.07	11.07			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Horizon	128.92	Medicare Blue		1107	38.56			11.07	30			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Aetna	128.92	Medicare		1107	15.84			11.07	11.07			11.07	11.07	122.09 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 First Trenton	128.92	First Trenton		1107	115.07			11.07	11.07			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Horizon	128.92	Medicaid		1107	49.2			11.07	43.37			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Horizon	128.92	Medicaid		1107	96.96			11.07	75			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Horizon	128.92	NJ Health		1107	38.81			11.07	5.23			11.07	11.07	122.09 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Amerihealth	128.92	Medicare		1107	13.84			11.07	18.26			11.07	11.07	122.09 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 UHC	128.92	Medicaid		1107	11.07			11.07	11.07			11.07	11.07	122.09 fee schedule	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Managed Care Inc	128.92	Managed Care Inc		1107	115.07			11.07	90			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Three Rivers	128.92	Three Rivers		1107	122.09			11.07	95			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Wellcare	128.92	WellPant		1107	13.84			11.07	11.07			11.07	11.07	122.09 percent of total billed charges	
BKR CHG ANTIHROMBIN III ANTIGEN ASSAY	83303	CPT				15.92 Wellcare	128.92	Medicaid		1107	11.07			11.07	12.36			11.07	11.07		

id	description	unit	type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogcount_cash	payee_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
83336	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	4.8 Horizon	10.0	48.2	PPO	10.0	80		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83337	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Multijan	10.0	18.0	Multijan	10.0	80		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83338	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 LHC	10.0	10.3	Medicaid	10.0	80		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83339	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Corrections	10.0	11.8	Corrections	10.0	80		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83340	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	10.3	Medicare	10.0	75		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83341	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Quaker	10.0	14.8	Quaker	10.0	75		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83342	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	12.87	Medicare	12.87	80		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83343	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	17.81	Medicare Blue	17.81	80		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83344	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 WellPoint	10.0	39.28	WellPoint	39.28	11.04		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83345	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Horizon	10.0	19.6	NJ Health	19.6	1.03		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83346	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Three Rivers	10.0	120.16	Three Rivers	120.16	95		8	120.16 percent of total billed charges		120.16 percent of total billed charges		
83347	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Consumer	10.0	105.59	Consumer	105.59	95		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83348	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Commercial	10.0	42.64	Commercial	42.64	10.57		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83349	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 American	10.0	84.15	American	84.15	7.42		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83350	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 First Health	10.0	78.54	First Health	78.54	7.0		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83351	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	4.28	Medicare	4.28	7.79		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83352	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 LHC	10.0	4.28	Medicare	4.28	14.2		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83353	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	34.15	Better Health	34.15	30.44		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83354	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Amerihealth	10.0	6.1	HMO/PPO	6.1	8.0		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83355	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Corrections	10.0	89.78	Corrections	89.78	8.0		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83356	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	4.28	Medicare	4.28	1.43		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83357	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 NJ Health	10.0	6.47	NJ Health	6.47	1.43		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83358	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 First Trenton	10.0	100.98	First Trenton	100.98	9.0		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83359	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Indemnity	10.0	42.95	Indemnity	42.95	38.28		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83360	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	4.28	Medicare	4.28	3.42		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83361	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare Blue	10.0	33.66	Medicare Blue	33.66	3.0		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83362	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 PPO	10.0	42.95	PPO	42.95	38.28		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83363	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicaid	10.0	3.42	Medicaid	3.42	3.42		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83364	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Managed Care Inc	10.0	100.98	Managed Care Inc	100.98	9.0		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83365	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 WellPoint	10.0	34.83	WellPoint	34.83	11.04		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83366	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Three Rivers	10.0	89.59	Three Rivers	89.59	14.75		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83367	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Multijan	10.0	38.78	Multijan	38.78	11.04		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83368	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 MD	10.0	42.95	MD	42.95	38.28		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83369	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Quaker	10.0	14.15	Quaker	14.15	22.75		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83370	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 LHC	10.0	3.42	Medicaid	3.42	13		3.42	106.59 percent of total billed charges		106.59 percent of total billed charges		
83371	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	58.68	Better Health	58.68	30.44		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83372	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 American	10.0	144.59	American	144.59	30.44		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83373	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicaid	10.0	58.68	Medicaid	58.68	30.44		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83374	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 HMO/PPO	10.0	9.9	HMO/PPO	9.9	9.9		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83375	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Corrections	10.0	154.22	Corrections	154.22	8.0		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83376	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Commercial	10.0	73.26	Commercial	73.26	38		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83377	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Amerihealth	10.0	8.41	Amerihealth	8.41	8.41		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83378	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 First Trenton	10.0	173.5	First Trenton	173.5	9.0		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83379	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Consumer	10.0	183.14	Consumer	183.14	95		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83380	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	59.38	Medicare	59.38	38.28		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83381	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 WellPoint	10.0	59.84	WellPoint	59.84	31.04		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83382	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Indemnity	10.0	73.8	Indemnity	73.8	38.28		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83383	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 NJ Health	10.0	71.96	NJ Health	71.96	38.28		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83384	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 MD	10.0	73.8	MD	73.8	38.28		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83385	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 First Health	10.0	134.95	First Health	134.95	7.0		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83386	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 PPO	10.0	73.8	PPO	73.8	38.28		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83387	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Multijan	10.0	154.22	Multijan	154.22	8.0		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83388	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare Blue	10.0	57.33	Medicare Blue	57.33	30		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83389	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Quaker	10.0	144.59	Quaker	144.59	75		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83390	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Managed Care Inc	10.0	173.5	Managed Care Inc	173.5	3.42		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83391	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 LHC	10.0	8.41	Medicaid	8.41	30.44		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83392	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	58.68	Medicaid	58.68	30.44		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83393	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Medicare	10.0	183.14	Medicare	183.14	30.44		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83394	BKR CHQ FACTOR VIII BETHESDA TITER: RFLX TO 1171	both	both	10.0	14.8 Horizon	14.8 Three Rivers	10.0	8.41	Three Rivers	8.41	30.44		8.41	183.14 percent of total billed charges		183.14 percent of total billed charges		
83395	BKR CHQ FACTOR VIII BETHESDA TITER																	



description	unit	2025-09-17 cost	20.0 code/type	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/10/19 unit	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cmsr_count	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginpm	standard_chargemix	standard_chargemethodology	additional_generic_notes
BKR CHG INDUCED ACETY-PHENYLHYDRAZINE	outpatient	20534	CPT							20534	1620	7.84 Horizon	PPO	1620	38.28		150.89	5.46	150.89	percent of total billed charges	
BKR CHG INDUCED ACETY-PHENYLHYDRAZINE	outpatient	20540	CPT							20540	1620	7.84 Managed Care Inc	Managed Care Inc	1620	90		150.89	5.46	150.89	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20546	CPT							20546	1620	8.89 Horizon	MCD	1620	38.28		150.89	5.46	150.89	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Horizon	MCD	1620	38.28		150.89	5.46	150.89	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20546	CPT							20546	1620	8.89 First Health	First Health	1620	70		150.84	5.46	150.84	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Aetna	Medicare	1620	90		150.84	5.46	150.84	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 First Trienton	First Trienton	1620	70		150.84	5.46	150.84	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Aetna	Better Health	1620	30.44		150.87	5.46	150.87	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Aetna	Commercial	1620	38		150.82	5.46	150.82	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Quake	Quake	1620	75		150.81	5.46	150.81	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Aetna	HMO/PRO	1620	12		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Horizon	PPO	1620	38.28		150.98	5.46	150.98	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Horizon	Indemnity	1620	38.28		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Aetna	Medicare Blue	1620	90		150.84	5.46	150.84	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Aetna	Medicare	1620	77.3		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Consumer	Consumer	1620	95		265.51	5.46	265.51	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 UHC	Medicaid	1620	6.18		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 UHC	Medicare	1620	77.3		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Multplan	Multplan	1620	223.58		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Wellcare	Medicare	1620	77.3		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Conectons	Conectons	1620	80		223.58	5.46	223.58	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Conectons	Conectons	1620	80		223.58	5.46	223.58	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Three Rivers	Three Rivers	1620	95		265.51	5.46	265.51	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Horizon	NI Health	1620	18.42		150.88	5.46	150.88	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 Managed Care Inc	Managed Care Inc	1620	90		251.53	5.46	251.53	percent of total billed charges	
BKR CHG KLEINHAUER-BEYTKICKLE	outpatient	20540	CPT							20540	1620	8.89 WellPart	WellPart	1620	31.04		86.75	5.46	86.75	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Wellcare							10356	9.36	10.76 Horizon	Medicare	9.36	7.37		124.03	5.46	124.03	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Horizon							10356	9.36	10.76 Horizon	MGD	9.36	38.28		49.98	5.46	49.98	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	WellPart							10356	9.36	10.76 Aetna	Commercial	9.36	38		49.61	5.46	49.61	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	First Health							10356	9.36	10.76 First Health	First Health	9.36	70		49.98	5.46	49.98	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Aetna							10356	9.36	10.76 Aetna	Aetna	9.36	75		49.92	5.46	49.92	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	WellPart							10356	9.36	10.76 First Trienton	First Trienton	9.36	38		117.5	5.46	117.5	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Medicare							10356	9.36	10.76 Aetna	Medicare	9.36	90		3.96	5.46	3.96	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Aetna							10356	9.36	10.76 Aetna	Better Health	9.36	30.44		39.74	5.46	39.74	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	UHC							10356	9.36	10.76 Aetna	HMO/PRO	9.36	9.4		39.74	5.46	39.74	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Quake							10356	9.36	10.76 Quake	Quake	9.36	75		49.92	5.46	49.92	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Conectons							10356	9.36	10.76 Conectons	Conectons	9.36	80		104.45	5.46	104.45	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Horizon							10356	9.36	10.76 Horizon	Conectons	9.36	38.28		49.98	5.46	49.98	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	WellPart							10356	9.36	10.76 Aetna	Medicare	9.36	7.37		124.03	5.46	124.03	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Horizon							10356	9.36	10.76 Horizon	Indemnity	9.36	38.28		49.98	5.46	49.98	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Consumer							10356	9.36	10.76 Consumer	Consumer	9.36	95		124.03	5.46	124.03	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	UHC							10356	9.36	10.76 UHC	Medicaid	9.36	7.37		124.03	5.46	124.03	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	UHC							10356	9.36	10.76 UHC	Medicare	9.36	7.37		124.03	5.46	124.03	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Multplan							10356	9.36	10.76 Multplan	Multplan	9.36	80		104.45	5.46	104.45	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	WellPart							10356	9.36	10.76 WellPart	WellPart	9.36	31.04		40.53	5.46	40.53	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Horizon							10356	9.36	10.76 Horizon	Medicare Blue	9.36	30		39.17	5.46	39.17	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Three Rivers							10356	9.36	10.76 Three Rivers	Three Rivers	9.36	95		124.03	5.46	124.03	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	NI Health							10356	9.36	10.76 Horizon	NI Health	9.36	17.3		117.5	5.46	117.5	percent of total billed charges	
BKR CHG ROSETTE (FETAL CELL SCREEN)	both	10356	Managed Care Inc							10356	9.36	10.76 Managed Care Inc	Managed Care Inc	9.36	90	10.73	117.5	5.46	117.5	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 Aetna	Medicare	13.09	7.6		502.91	5.46	502.91	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 Conectons	Conectons	13.09	80		423.5	5.46	423.5	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 Aetna	Medicare	13.09	7.6		502.91	5.46	502.91	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 Aetna	Commercial	13.09	201.16		39.74	5.46	39.74	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 Aetna	WellPart	13.09	30.44		7.6	5.46	7.6	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 American	American	13.09	7.6		502.91	5.46	502.91	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 American	American	13.09	7.6		502.91	5.46	502.91	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 Aetna	HMO/PRO	13.09	7.6		502.91	5.46	502.91	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 UHC	Medicaid	13.09	18.42		7.6	5.46	7.6	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 First Health	First Health	13.09	70		370.57	5.46	370.57	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 Horizon	Indemnity	13.09	38.28		202.65	5.46	202.65	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both	52938	CPT							52938	13.09	15.05 First Trienton	First Trienton	13.09	90		478.44	5.46	478.44	percent of total billed charges	
BKR CHG HEPARIN ASSAY	both																				

description	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginet	standard_charginet	standard_charginet	standard_charginet	standard_charginet	additional_generic_notes
university_hospital	2025-09-17	20.0	university_hospital	150 Bergen St	31019 NJ		unit	measurement	charge	charge			dollar	percentage	algorithm	amount	net	net	net	net	net	notes	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Multiban	390.05								80		5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Aetna	390.05						148.41	30.44			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Aetna	390.05						7.47				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Amerihealth	390.05						6.9				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Quakare	390.05						36.67	75			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Americare	390.05						365.67	75			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	First Health	390.05						341.29	70			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	LHC	390.05						7.47				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Corrections	390.05						390.05	80			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Aetna	390.05						168.27	38			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	First Trenton	390.05						438.9	90			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Amerihealth	390.05						7.47				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Horizon	390.05						841				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Consumer	390.05						481.18	95			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Horizon	390.05						186.64	38.28			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Horizon	390.05						146.27	38.28			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Managed Care Inc	390.05						176.8	90			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	LHC	390.05						5.98				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Horizon	390.05						186.64	38.28			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Wellcare	390.05						7.47				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Wellpoint	390.05						19.34	31.04			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Three Rivers	390.05						483.18	95			5.98					463.18 percent of total billed charges	
BKR CHQ OSMOTIC FRAGILITY	85556	CPT	outpatient	487.56	8.59	Wellcare	390.05						5.98				5.98					463.18 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Americare	111.08						92.57	75			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Amerihealth	111.08						13.36	80			9.41					117.25 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Corrections	111.08						98.74	70			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	First Trenton	111.08						111.08	90			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						47.25	38.28			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Aetna	111.08						37.57	30.44			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Aetna	111.08						46.9	38			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	LHC	111.08						37.57	30.44			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Consumer	111.08						37.57	30.44			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	First Health	111.08						86.39	95			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Wellcare	111.08						13.36	31.04			9.41					117.25 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						47.25	38.28			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						47.25	38.28			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						37.03	30			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	LHC	111.08						13.36	31.04			9.41					117.25 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						47.25	38.28			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Managed Care Inc	111.08						111.08	90			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Quakare	111.08						92.57	75			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Wellcare	111.08						37.57	30.44			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						37.57	30.44			9.41					117.25 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Three Rivers	111.08						117.25	95			9.41					117.25 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Americare	111.08						291.19	75			9.41					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Aetna	111.08						12.4	30.44		49.34	18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	First Trenton	111.08						38.94	90			18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Aetna	111.08						41.91	90			18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Amerihealth	111.08						33.5	38.28			18.6					378.88 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						152.67	38.28		61.72	18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						152.67	38.28		62.08	18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Aetna	111.08						19.55	38		20.53	18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	LHC	111.08						24.91	90		17.04	18.6					378.88 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Amerihealth	111.08						24.91	90		20.53	18.6					378.88 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Horizon	111.08						119.65	30		20.87	18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Corrections	111.08						38.94	90		18.6						378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Managed Care Inc	111.08						38.94	90		18.6						378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	First Health	111.08						271.97	90		18.6						378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Wellcare	111.08						24.91	90		18.6						378.88 fee schedule	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Consumer	111.08						378.88	95		24.51	18.6					378.88 percent of total billed charges	
BKR CHQ OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient	123.42	15.36	Wellpoint	111.08																

description	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	3/10/19 true	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/estimated_cash	payer_name	plan_name	standard_charged/negotiated_dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_chargin	standard_chargemys	standard_charginnology	additional_generic_notes
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Wellcare	Medicare		3.94	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Aetna	Commercial		3.94	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Aetna	Butler Health		3.94	30.44		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Amerihealth	HMO/PRO		5.63	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 First Health	First Health		10	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Conecticut	Conecticut		11.42	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Wellcare	Medicaid		3.15	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 First Tention	First Tention		12.85	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Horizon	Indemnity		4.27	38.28		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Horizon	Medicare Blue		4.28	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Horizon	NJ Health		8.62	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Horizon	MCD		5.47	38.28		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Multplan	Multplan		11.42	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Horizon	PRO		5.47	38.28		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Managed Care Inc	Managed Care Inc		12.85	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Three Rivers	Three Rivers		13.57	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 Quakere	Quakere		9.71	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 WellPant	WellPant		3.43	31.04		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ PT SUBST PLASMA FRACTION EACH	2025-09-17	20.0								1428	4.53 UHC	Medicare		1.99	3.15		13.57	3.15	13.57	13.57	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Aetna	Butler Health		23.97	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Amerihealth	Medicare		17.49	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Multplan	Multplan		59.57	85		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Amerihealth	Amerihealth		55.85	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 First Health	First Health		52.12	70		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Horizon	MCD		26.5	38.28		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Aetna	Medicare		17.49	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Aetna	Commercial		28.29	38		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Horizon	Indemnity		26.5	38.28		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 UHC	Medicare		17.49	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Quakere	Quakere		55.85	75		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Amerihealth	HMO/PRO		13.3	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Horizon	Medicare Blue		22.64	30		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 WellPant	WellPant		2.11	31.04		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Consumer	Consumer		9.71	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 UHC	Medicaid		1.99	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Horizon	PRO		26.5	38.28		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Wellcare	Medicare		17.49	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Conecticut	Conecticut		59.57	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Conecticut	Conecticut		59.57	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 First Tention	First Tention		67.01	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Horizon	NJ Health		28.03	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Managed Care Inc	Managed Care Inc		67.01	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ LUPUS ANTICOAG SCREENING	2025-09-17	20.0								74.46	20.11 Wellcare	Medicare		1.99	13.3		70.74	13.3	70.74	70.74	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Amerihealth	Medicare		9.58	9.18		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Aetna	Medicare		19.17	30.8		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Consumer	Consumer		24.19	95		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Conecticut	Conecticut		205.63	80		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Aetna	Butler Health		78.24	23.06		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Horizon	NJ Health		18.6	1.45		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 First Health	First Health		179.93	38		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Aetna	Commercial		87.68	14.21		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 UHC	Medicare		9.58	9.18		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Amerihealth	Amerihealth		167.73	75		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 First Tention	First Tention		21.34	90		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Horizon	Medicare Blue		77.11	11.23		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Horizon	MCD		86.39	38.28		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Horizon	PRO		86.39	10.35		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Managed Care Inc	Managed Care Inc		21.34	34		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0								257.04	11.02 Horizon	Multplan		205.63	80		244.19	9.18	244.19	244.19	percent of total billed charges
BRK CHQ RVT DILUTED	2025-09-17	20.0																			

hospital_name	last_updated_on	version	hospital_location	address	license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code	code_type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscountratio	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginin	standard_chargemix	standard_chargemethodology	additional_generic_notes
University Hospital	2025-10-17	20.0	University Hospital	190 Bergen St	31019		08670	CPT	both			21.52		6.64 WellPant	WellPant	71.55	31.04			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Horizon	PPD	86.24	38.28			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Anesthesia	HMO/PPD	87			43.32	4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Horizon	MGD	88.24	38.28			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Horizon	Intensiv	88.24	38.28			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Managed Care Inc	Managed Care Inc	207.47				4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Consumer	Consumer	218.99	95			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Three Rivers	Three Rivers	218.99	95			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Multplan	Multplan	184.42	80			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 UHC	Medicaid	4.62			4.32	4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Horizon	Medicare Blue	61.36				4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Quicare	Quicare	172.89	75			4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Horizon	NU Health	17.25			1.39	4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 UHC	Medicare	5.77				4.82	218.99	percent of total billed charges	
							08670	CPT	both			21.52		6.64 Wellcare	Medicare	5.77				4.82	218.99	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Aetna	Better Health	78.24	30.44			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Anesthesia	Medicare	9.63				7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Consumer	Consumer	244.19	95			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 American	American	102.78	75			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Corrections	Corrections	20.63	80			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 UHC	Medicare	9.63				7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Aetna	Medicare	9.63				7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Horizon	Medicare Blue	77.11	30			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Aetna	Commercial	97.68	38.28			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Horizon	MGD	88.29	38.28		65.24	7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 First Trienton	First Trienton	231.34	90			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Horizon	NU Health	15.48			4.57	7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Wellcare	Medicaid	7.7				7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 WellPant	WellPant	79.79	31.04			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Anesthesia	HMO/PPD	11.2				7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 UHC	Medicaid	7.7				7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Horizon	Intensiv	88.39	38.28			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Wellcare	Medicare	8.83				7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Horizon	PPD	88.39	38.28			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Multplan	Multplan	205.63	80			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 First Health	First Health	119.93	70			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Quicare	Quicare	257.04	75			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Managed Care Inc	Managed Care Inc	231.34	90			7.7	244.19	percent of total billed charges	
							08705	CPT	both			257.04		11.07 Three Rivers	Three Rivers	244.19	95			7.7	244.19	percent of total billed charges	
							08730	WB	both			20.4		6.91 Corrections	Corrections	16.32			3.62	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Consumer	Consumer	19.38	90			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Aetna	Intensiv	7.81	38.28		4.51	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Aetna	Better Health	6.21	30.44		4.69	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Aetna	Medicare	6.21			2.33	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Aetna	Commercial	7.75	38		4.13	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 UHC	Medicare	6.01			2.34	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Anesthesia	Medicare	6.01				4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 First Trienton	First Trienton	16.36	90			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 First Health	First Health	14.28	70			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 American	American	15.3	75			4.81	19.38	percent of total billed charges	
							08730	WB	both			20.4		6.91 Anesthesia	HMO/PPD	8.4			2.81	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Horizon	MGD	21.31	38.28			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Horizon	Medicare Blue	6.12	30			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Horizon	NU Health	5.88			1.33	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Multplan	Multplan	16.32	80			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Managed Care Inc	Managed Care Inc	16.36	90			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Wellcare	Medicaid	4.81			4.71	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 UHC	Medicaid	4.81			5	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Horizon	PPD	7.81	38.28		5.76	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Three Rivers	Three Rivers	19.38	95			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Quicare	Quicare	15.3	75			4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 WellPant	WellPant	6.33	31.04		4.61	4.81	19.38	percent of total billed charges	
							08730	CPT	both			20.4		6.91 Wellcare	Medicare	16.61			2.29	4.81	19.38	percent of total billed charges	
							08732	CPT	both			189.72		7.44 First Health	First Health	138.2	80			5.18	189.72	percent of total billed charges	
							08732	CPT	both			189.72		7.44 Aetna	Better Health	57.75	30.44			5.18	189.72	percent of total billed charges	
							08732	CPT	both			189.72		7.44 Anesthesia	Medicare	6.47				5.18	189.72	percent of total billed charges	
							08732	CPT	both			189.72		7.44 Horizon	Medicare Blue								

description	unit	2025-09-17	20.0	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/10/19 true	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargediscounted_cash	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginin	standard_chargines	standard_charginemethodology	additional_generic_notes
code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	First Health	48.96			First Health	34.27	70		3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	First Treston	48.96			First Treston	44.06	90		3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	Horizon	48.96			Indemity	18.74	38.28		3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	Horizon	48.96			MGD	18.74	38.28		3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	UHC	48.96			Medicaid	6.38			3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	Horizon	48.96			NJ Health	3.21			3.21		46.51	fee schedule	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	Multplan	48.96			Multplan	39.17			3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	Horizon	48.96			PRO	18.74	38.28		3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	Managed Care Inc	48.96			Qualicare	38.72	75		3.21		46.51	percent of total billed charges	
BKR CHG FX02-IGE FOOD MX (SEAF00S)		86005	CPT						9.17	Three Rivers	48.96			Managed Care Inc	40.06	90		3.21		46.51	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Three Rivers	214.2			WellPoint	46.51	11.9		3.21		46.51	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Aetna	214.2			Commercial	81.4	38		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Aetna	214.2			Medicare	17.93	11.9		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Consumer	214.2			Consumer	203.49	95		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Horizon	214.2			Indemity	81.4	38.28		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Amerihealth	214.2			Medicare	17.93	11.9		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Amerihealth	214.2			Amerihealth	160.65	75		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	First Treston	214.2			First Treston	65.2	30.44		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Horizon	214.2			MED	82	90		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Amerihealth	214.2			HMO/PRO	139.23	65		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Corrections	214.2			PRO	171.36	80		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Horizon	214.2			PRO	82	38.28		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	First Health	214.2			First Health	149.94	70		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Multplan	214.2			Multplan	171.36	80		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Horizon	214.2			Medicare Blue	64.26	30		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Managed Care Inc	214.2			Managed Care Inc	162.78	75		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Horizon	214.2			NJ Health	17.37			3.99		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Qualicare	214.2			Qualicare	160.65	75		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Wellcare	214.2			Medicaid	14.34	8.79		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	UHC	214.2			Medicaid	14.34	8.79		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	UHC	214.2			Medicare	17.93	11.9		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Three Rivers	214.2			Three Rivers	203.49	95		3.21		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	WellPoint	214.2			WellPoint	86.49	31.04		16.02		203.49	percent of total billed charges	
BKR CHG Q215-IGE ALPHA-GAL		86008	CPT						20.62	Wellcare	214.2			Wellcare	17.93	11.9		3.21		203.49	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Horizon	681.36			MED	260.82	38.28		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Amerihealth	681.36			Medicare	15.05	11.5		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Aetna	681.36			Better Health	207.41	30.44		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Aetna	681.36			Wellcare	15.05	11.5		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Amerihealth	681.36			Amerihealth	511.02	75		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Horizon	681.36			Medicare Blue	204.41	30		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Consumer	681.36			Consumer	647.29	95		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	First Health	681.36			First Health	476.95	70		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Amerihealth	681.36			HMO/PRO	11.5	11.5		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	WellPoint	681.36			WellPoint	211.49	31.04		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Aetna	681.36			Commercial	268.92	38		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	First Treston	681.36			First Treston	613.22	88		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Corrections	681.36			Corrections	45.09	6.49		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	UHC	681.36			Medicare	15.05	11.5		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Horizon	681.36			Indemity	260.82	38.28		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Horizon	681.36			PRO	180.82	26.38		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Horizon	681.36			NJ Health	17.64	2.56		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Wellcare	681.36			Wellcare	15.05	11.5		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Multplan	681.36			Multplan	545.09	80		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Managed Care Inc	681.36			Managed Care Inc	613.22	88		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Wellcare	681.36			Wellcare	12.04	1.72		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Three Rivers	681.36			Three Rivers	647.29	95		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	Qualicare	681.36			Qualicare	511.02	75		11.5		647.29	percent of total billed charges	
BKR CHG NEUTROPHIL ASSOCIATED ABS		86021	CPT						17.31	UHC	681.36			Medicaid	12.04	1.72		11.5		647.29	percent of total billed charges	
BKR CHG UNFRACT HEPARIN DEPEND PLAT		86022	CPT						21.13	Corrections	1292.34			Corrections	1033.87	80		11.5		1227.72	percent of total billed charges	
BKR CHG UNFRACT HEPARIN DEPEND PLAT		86022	CPT						21.13	Aetna	1292.34			Better Health	393.39	30.44		11.5		1227.72	percent of total billed charges	
BKR CHG UNFRACT HEPARIN DEPEND PLAT		86022	CPT						21.13	Amerihealth	1292.34			HMO/PRO	11.5	11.5		11.5		1227.72	percent of total billed charges	
BKR CHG UNFRACT HEPARIN DEPEND PLAT		86022	CPT						21.13	Aetna	1292.34			Commercial	491.09	38		11.5		1227.72	percent of total billed charges	
BKR CHG UNFRACT HEPARIN DEPEND PLAT		86022	CPT																			







description	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	category	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargediscounted_cash	payer_name	plan_name	standard_chargedisregarded_dollar	standard_chargedisregarded_percentage	standard_chargedisregarded_algorithm	estimated_amount	standard_chargin	standard_chargemins	standard_chargemethodology	additional_generic_notes	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		18.8 Americare	Americare	253	75			9.79	371.13	percent of total billed charges		
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 First Health	First Health	273.86	70			9.79	371.13	percent of total billed charges		
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 First Trenton	First Trenton	166.69	89			9.79	371.13	percent of total billed charges		
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Horizon	Indemity	149.54	38.28		44.52	9.79	371.13	percent of total billed charges		
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Quakere	Quakere	293	75			9.79	371.13	percent of total billed charges		
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Horizon	MGD	149.54	38.28			56.12	9.79	371.13	percent of total billed charges	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 AmerHealth	Medicare	137.4					9.79	371.13	fee schedule	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Connections	Connections	103.53					9.79	371.13	percent of total billed charges	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Horizon	Medicare Blue	117.2	30				9.79	371.13	percent of total billed charges	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Horizon	PPO	149.54	38.28		4.43	9.79	371.13	percent of total billed charges		
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Managed Care Inc	Managed Care Inc	209.159	90				9.79	371.13	percent of total billed charges	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 UHC	Medicare	13.74				6.93	9.79	371.13	fee schedule	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Wellcare	Medicaid	10.99				4.03	9.79	371.13	fee schedule	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 UHC	Medicaid	10.99				15.48	9.79	371.13	fee schedule	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Horizon	NJ Health	25.48					9.79	371.13	fee schedule	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 WellPart	WellPart	101.26		31.04		75.66	9.79	371.13	percent of total billed charges	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Three Rivers	Three Rivers	27.13					9.79	371.13	percent of total billed charges	
BKR CHG INDECTLOURESCENT AB (IFA)	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	both	CPT			390.66		15.8 Wellcare	Medicare	13.74				95	9.79	371.13	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Aetna	Commercial	32.96		38			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 AmerHealth	Medicare	12.11					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Horizon	Indemity	33.19		38.28			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 First Health	First Health	60.09				70	9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Connections	Connections	69.36		80			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Aetna	Medicare	12.11					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Americare	Americare	65.03		75			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Aetna	Better Health	26.39		30.44			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Horizon	MGD	33.19		38.28			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 First Trenton	First Trenton	78.03					9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Multplan	Multplan	69.36		80			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 UHC	Medicare	12.11					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 UHC	Medicaid	9.66					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Horizon	PPO	33.19		38.28			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Consumer	Consumer	62.37		95			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 AmerHealth	HMO/PPO	16					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Wellcare	Medicare	12.11					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Managed Care Inc	Managed Care Inc	78.03					9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Quakere	Quakere	60.03		75			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Wellcare	Medicaid	9.69					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 WellPart	WellPart	26.91		31.04			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Horizon	Medicare Blue	26.01		30			9.69	82.37	percent of total billed charges	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Horizon	NJ Health	29.4					9.69	82.37	fee schedule	
BKR CHG ANTI-DNA (SS) IGG AB ON	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			86.7		13.93 Three Rivers	Three Rivers	62.37		95			9.69	82.37	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 AmerHealth	Medicare	12.09					9.48	38.76	fee schedule	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Horizon	Indemity	15.62		38.28			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Aetna	Better Health	12.42		30.44			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Americare	Americare	30.8		75			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Aetna	Commercial	16.5		38			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 First Trenton	First Trenton	38.72					9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Aetna	Medicare	12.09					9.48	38.76	fee schedule	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 AmerHealth	HMO/PPO	26.52		65			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 First Health	First Health	35.56		70			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Horizon	PPO	15.62		38.28			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Consumer	Consumer	38.71		95			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17	20.0	University Hospital	University Hosp 150	Bergem St	310119	outpatient	CPT			40.8		13.9 Multplan	Multplan	32.64		80			9.48	38.76	percent of total billed charges	
BKR CHG EMA IGA	2025-07-17																						







description	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetmsology	additional_generic_notes	
BKR CHG CHRONIC URICARIA	2025-09-17	20.0	University Hospital	University Hospital 150 Bergen St	31019 New	outpatient			61598	1433 Wellcare	Medicaid		185.98	30.44			30.44	30.44	586.43 percent of total billed charges	12.46	
BKR CHG CHRONIC URICARIA	86343	CPT				outpatient			61598	1433 UHC	Medicare		12.46						586.43 percent of total billed charges	12.46	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Amerihealth	Medicare		13.99						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Aetna	Commercial		37.21	38					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Amerihealth	American		73.44	75					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Aetna	Beiter Health		29.81	30.44					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Aetna	Medicare		10.39						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Consumer	Medicare		83.02						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Amerihealth	HMO/PP0		11.3	95					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Horizon	Medicare Blue		29.38	30					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 First Tentrion	Medicare		83.13						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Multplan	Multplan		78.34	80					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Horizon	MGD		37.48	38.28					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 UHC	Medicaid		8.31						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Corrections	Corrections		78.34	80					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 First Health	First Health		68.54	70					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 UHC	Medicare		10.39						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Wellcare	Medicare		10.39						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Horizon	NI Health		23.42						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Quicare	Quicare		73.44	75					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Horizon	Indemnity		37.48	38.28					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Wellcare	Medicaid		8.31						93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Horizon	PP0		37.48	38.28					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 WellPant	WellPant		30.39	31.04					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Managed Care Inc	Managed Care Inc		83.13	90					93.02 percent of total billed charges	8.31	
BKR CHG LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			61598	1195 Three Rivers	Three Rivers		83.02	95					93.02 percent of total billed charges	8.31	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Amerihealth	Medicare		156.96						579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Aetna	Beiter Health		156.96	30.44					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Amerihealth	HMO/PP0		396.47	65					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Consumer	Consumer		579.46	95					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 First Tentrion	First Tentrion		156.96	90					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 First Health	First Health		426.97	70					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Aetna	Medicare		156.96						579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 American	American		157.47	75					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Horizon	Indemnity		233.49	38.28					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Aetna	Commercial		231.78	38.28					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Multplan	Multplan		208.97	80					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Horizon	MGD		233.49	38.28					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Horizon	NI Health		50.86						579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 UHC	Medicare		156.96						579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Corrections	Corrections		487.97	80					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Wellcare	Medicare		156.96						579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Horizon	PP0		233.49	38.28					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 WellPant	WellPant		189.33	31.04					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Quicare	Quicare		157.47	75					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Managed Care Inc	Managed Care Inc		156.96	90					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Three Rivers	Medicare Blue		54.29	30					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Three Rivers	Three Rivers		37.46	95					579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 UHC	Medicaid		106.69						579.46 percent of total billed charges	106.69	
BKR CHG IMMUNOW IMMUNE CELL ASSAY	86352	CPT				both			609.96	156.24 Wellcare	Medicaid		106.69						579.46 percent of total billed charges	106.69	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			609.96	156.24 Wellcare	Medicaid		106.69							579.46 percent of total billed charges	106.69
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			609.96	66.38 Aetna	Beiter Health		392.27	30.44					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Horizon	Indemnity		782.27	38.28					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Aetna	Commercial		622.72	38					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 First Tentrion	First Tentrion		1782.76	90					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Aetna	Medicare		49.03						181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Multplan	Medicare		1584.87	80					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 UHC	Medicare		49.03						181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 American	American		1486.63	75					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 First Health	First Health		1386.59	70					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Quicare	Quicare		1485.63	75					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Amerihealth	Medicare		49.03						181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Horizon	MGD		392.27	38.28					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Consumer	Consumer		1881.8	95					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 Amerihealth	HMO/PP0		76.3						181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.84	56.38 WellPant	WellPant		614.86	31.04					181.8 percent of total billed charges	39.22	
BKR CHG T88 LYMPHOCTENAT KILLER	86353	CPT				outpatient			1980.												

University Hospital	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cmsl	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemin_hcology	additional_generic_notes	
code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Horizon	MDG	66.77			38.28				11.75	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Corrections	Corrections	138.54			80					34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Aetna	Better Health	53.09			35.48					34.54		16.7	70	34.54	16.7	fee schedule	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Amerihealth	Medicare	37.73								34.54		16.7	70	34.54	16.7	fee schedule	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Amerihealth	HMO/PRO	50								34.54		16.7	70	34.54	16.7	fee schedule	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Amerihealth	American	130.82								34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Aetna	Medicare	53.72							15.14	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Multplan	Multplan	19.54								34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	UHC	Medicare Blue	37.73							5.96	34.54		16.7	70	34.54	16.7	fee schedule	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Horizon	MDG	52.33								34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Horizon	NJ Health	34.54							4.2	34.54		16.7	70	34.54	16.7	fee schedule	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Consumer	Consumer	166.7							95	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	WellPoint	WellPoint	54.14							23.73	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	First Trenton	First Trenton	66.98								34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Wellcare	Medicare	37.73								34.54		16.7	70	34.54	16.7	fee schedule	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Qualicare	Qualicare	130.82							75	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Horizon	Indemnity	18.77							38.28	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	UHC	Medicaid	53.09							44.94	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Horizon	PRO	66.77							38.28	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Wellcare	Medicaid	53.09							30.44	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Managed Care Inc	Managed Care Inc	105.99							95	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ TCCELLS TOTAL COUNT	86359	CPT	both	43.39	Three Rivers	Three Rivers	166.7							95	34.54		16.7	70	34.54	16.7	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Amerihealth	Medicare	46.98								36.11		204.46	36.11	204.46	204.46	fee schedule	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Aetna	Better Health	65.51							20.44	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	First Health	First Health	50.65							70	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Aetna	Medicare	46.98								18.69	36.11		204.46	36.11	204.46	fee schedule	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Corrections	Corrections	172.18							80	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	UHC	Medicare	46.98							20.11	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Aetna	Commercial	81.78							22.4	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Horizon	MDG	62.39							38.28	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	First Trenton	First Trenton	193.7								36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	UHC	Medicaid	37.58								54.61	36.11		204.46	36.11	204.46	fee schedule	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Horizon	PRO	62.39							38.28	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Consumer	Consumer	204.46								65.1	36.11		204.46	36.11	204.46	204.46	percent of total billed charges
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Horizon	Medicare Blue	64.57							30	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Wellcare	Medicare	46.98								36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Amerihealth	American	161.42							75	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Multplan	Multplan	172.18								36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Managed Care Inc	Managed Care Inc	103.7							90	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	WellPoint	WellPoint	66.8							31.04	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Amerihealth	HMO/PRO	70.30								36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Horizon	Indemnity	82.39							38.28	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Horizon	NJ Health	107.8							6.18	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Qualicare	Qualicare	161.42							75	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Three Rivers	Three Rivers	150.46							95	36.11		204.46	36.11	204.46	204.46	percent of total billed charges	
BKR CHQ LYMPOHYCITE CD4 C08 & RATIO	86360	CPT	both	54.03	Wellcare	Medicaid	37.58								15.6	36.11		204.46	36.11	204.46	204.46	percent of total billed charges
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Amerihealth	American	73.44							75	17.14		93.02	17.14	93.02	93.02	percent of total billed charges	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	UHC	Medicaid	21.42								17.91	17.14		93.02	17.14	93.02	fee schedule	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Amerihealth	Medicare	26.78									17.14		93.02	17.14	93.02	fee schedule	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Amerihealth	HMO/PRO	37								15.7	17.14		93.02	17.14	93.02	fee schedule	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Aetna	Better Health	29.87							30.44	18.85		93.02	17.14	93.02	percent of total billed charges		
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Horizon	MDG	37.48							38.28	18.79		93.02	17.14	93.02	percent of total billed charges		
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Corrections	Corrections	73.34								80	17.14		93.02	17.14	93.02	percent of total billed charges	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Aetna	Commercial	37.21								13.32	17.14		93.02	17.14	93.02	percent of total billed charges	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Horizon	PRO	37.48							38.28	19.76		93.02	17.14	93.02	percent of total billed charges		
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	WellPoint	WellPoint	30.39								31.04	20.65		93.02	17.14	93.02	percent of total billed charges	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	First Health	First Health	65.54							70	17.14		93.02	17.14	93.02	percent of total billed charges		
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Horizon	NJ Health	29.73								4.23	17.14		93.02	17.14	93.02	percent of total billed charges	
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Aetna	Medicare	26.78									7.02	17.14		93.02	17.14	93.02	percent of total billed charges
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Consumer	Consumer	83.02							95	17.14		93.02	17.14	93.02	percent of total billed charges		
BKR CHQ LYMPH CD4	86361	CPT	both	30.8	Horizon	Indemnity	37.48							38.28	15.46		93.02	17.14	93.02	percent of total billed charges		
BKR CHQ LY																						

description	code	type	rating	standard_chargemsgs	standard_chargemsgs_cmt	page_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	additional_generic_notes
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Aetna	Commercial		151.55	38		6.71	10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Aetna	Better Health		127.4	24.44			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Horizon	MD		102.29	25.828		11.55	10.1	378.88	fee schedule			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Wellcare	Medicare		14.55	10.1			6.02	378.88	fee schedule			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 UHC	Medicare		11.64	10.1				378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Consumer	Consumer		378.88	95			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Multplan	Multplan		319.05	80			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 First Health	First Health		279.17	70			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Amerihealth	HMO/PPD		2.8	10.1		4.73	10.1	378.88	fee schedule			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Horizon	Medicare Blue		119.65	30		2.13	10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Managed Care Inc	Managed Care Inc		289.94	90			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 WellPoint	WellPoint		123.79	31.04		7.13	10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 First Trenton	First Trenton		308.94	10.1			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Quakecare	Quakecare		98.12	75			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Horizon	NJ Health		12.94	1.23		1.23	10.1	378.88	fee schedule			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 UHC	Medicare		14.55	10.1		3.25	10.1	378.88	fee schedule			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Horizon	PPO		102.27	38.28			10.1	378.88	percent of total billed charges			
BRK CHQ THYROID PEROXIDASE (TP) AB	86376	CPT	both	398.82	16.73 Three Rivers	Three Rivers		378.88	95			10.1	378.88	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Wellcare	Medicaid		20.38	19.95			10.1	79.46	fee schedule			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Aetna	Medicare		25.45	19.95			10.1	79.46	fee schedule			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Americare	Americare		62.73	75			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Amerihealth	HMO/PPD		54.37	65			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Aetna	Better Health		25.46	30.44			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 First Trenton	First Trenton		75.28	90			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Horizon	MD		20.22	38.28			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Amerihealth	Medicare		25.45	19.95			19.95	79.46	fee schedule			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Aetna	Commercial		31.78	38			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Conecticut	Conecticut		66.91	80			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Wellcare	Medicare		25.45	19.95			19.95	79.46	fee schedule			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 First Health	First Health		58.55	70			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 WellPoint	WellPoint		31.96	31.04			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Horizon	Indersity		32.02	38.28			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Consumer	Consumer		7.96	95			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Multplan	Medicare Blue		51.09	80			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Multplan	Multplan		66.91	80			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Horizon	NJ Health		19.95	19.95			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Quakecare	Quakecare		67.3	75			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 UHC	Medicaid		20.36	19.95			19.95	79.46	fee schedule			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 UHC	Medicare		25.45	19.95		6.97	19.95	79.46	fee schedule			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Horizon	PPD		32.02	38.28			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Managed Care Inc	Managed Care Inc		75.28	90			19.95	79.46	percent of total billed charges			
BRK CHQ ANTI-MITOCHONDRAL M2 AB (RDL)	86381	CPT	both	83.64	29.27 Three Rivers	Three Rivers		79.46	95			19.95	79.46	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Horizon	Medicare Blue		77.11	13.53			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Aetna	Medicare		16.91	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Aetna	Commercial		97.68	38			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Americare	Americare		162.78	75			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 UHC	Medicaid		13.53	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Aetna	Better Health		79.24	30.44			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Consumer	Consumer		244.19	95			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Amerihealth	HMO/PPD		23.9	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Wellcare	Medicare		16.91	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Conecticut	Conecticut		205.63	13.53			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Multplan	Multplan		205.63	80			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Horizon	MD		98.39	38.28			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 First Health	First Health		179.93	70			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Amerihealth	Medicare		16.91	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Quakecare	Quakecare		162.78	75			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 UHC	Medicare		16.91	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Wellcare	Medicare		13.53	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Horizon	Indersity		98.39	38.28			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Horizon	PPO		98.39	38.28			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 First Trenton	First Trenton		23.34	13.53			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Three Rivers	Three Rivers		244.19	95			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 WellPoint	WellPoint		79.79	31.04			13.53	244.19	percent of total billed charges			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Horizon	NJ Health		32	13.53			13.53	244.19	fee schedule			
BRK CHQ RABIES NEUT ABS TITRAT (RFPT)	86382	inpatient	both	297.04	19.45 Managed Care Inc	Managed Care Inc		90	13.53			13.53	244.19	percent of total billed charges			
BRK CHQ PARTICLE AGGLUTINATION SC	86403	CPT	both	193.8	13.27 Aetna	Medicaid		11.54	9.23			9.23	184.11	percent of total billed charges			
BRK CHQ PARTICLE AGGLUTINATION SC	86403	CPT	both	193.8	13.27 Aetna	Better Health		58.99	30.44		46.16	9.23	184.11	percent of total billed charges			
BRK CHQ PARTICLE AGGLUTINATION SC	86403	CPT	both	193.8	13.27 Horizon	Indersity		74.19	38.28			9.23	184.11	percent of total billed charges			
BRK CHQ PARTICLE AGGLUTINATION SC	86403	CPT	both	193.8	13.27 Conecticut	Conecticut		55.06	65			9.23	184.11	percent of total billed charges			
BRK CHQ PARTICLE AGGLUTINATION SC	86403	CPT	both	193.8	13.27 Consumer	Consumer		184.11</									

description	last_updated_on	version	hospital_location	address_line_one	address_line_two	best_of_knowledge_and_belief	hospital_has_included_applicable_standard_charge_information_in accordance_with_requirements_of_45_CFR_180.50	and_the_information_encoded_is_true_accurate_and_complete_as_of_the_date_indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenbsp	standard_chargenbsp_cashed	payer_name	plan_name	standard_chargenbsp_negotiated	standard_chargenbsp_negotiated_percentage	standard_chargenbsp_negotiated_algorithm	estimated_amount	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	standard_chargenbsp	additional_generic_notes		
university_hospital	2025-09-17	2.0.0	university_hospital	university_hospital	university_hospital	3/10/19	true	true																		
university_hospital	2025-09-17	2.0.0	university_hospital	university_hospital	university_hospital	3/10/19	true	true																		
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Wellcare	Medicare	5.67			98	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Managed Care Inc	Managed Care Inc	168.96			98	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Horizon	Medicare	5.39			30	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	First Health	First Health	129.23			70	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Aetna	Medicare	6.86			30.8	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Horizon	Indemnity	70.67				4.96	4.59	175.39	98	4.59	175.39	98	4.59
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Horizon	PPO	70.67			38.28	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Wellcare	Medicaid	96.2			30.44	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	WellPoint	WellPoint	147.31			31.04	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Multiplan	Multiplan	57.37			80	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Horizon	MGD	70.67			38.28	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Quicare	Quicare	138.47			75	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Horizon	Medicare	5.67			95	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD RHEUMATOID FACTOR QUANTITATIVE	86431	CPT	both								184.62	6.52	Three Rivers	Three Rivers	175.39			95	4.59	175.39	98	4.59	175.39	98	4.59	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	both	both								562.02	71.28	First Health	First Health	393.41			70	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Aetna	Better Health	171.08			30.44	64.06	49.58	533.92	98	49.58	533.92	98	49.58
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Aetna	Commercial	233.57			44.73	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	First Trenton	First Trenton	505.82			90	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Horizon	Indemnity	215.14			38.28	27.93	49.58	533.92	98	49.58	533.92	98	49.58
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Aetna	Medicare	61.88			14.72	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Americare	Americare	471.52			75	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Amerihealth	Amerihealth	61.88			14.72	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Horizon	MGD	215.14			38.28	41.91	49.58	533.92	98	49.58	533.92	98	49.58
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	UHC	Medicaid	49.58			43.29	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Consumer	Consumer	632.92			95	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Managed Care Inc	Managed Care Inc	505.82			90	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Horizon	PPO	215.14			38.28	39.75	49.58	533.92	98	49.58	533.92	98	49.58
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Horizon	Medicare Blue	189.61			30	15.23	49.58	533.92	98	49.58	533.92	98	49.58
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Amerihealth	HMO/PO	95			26.87	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Horizon	NJ Health	79.28			9.05	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Multiplan	Multiplan	49.62			80	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Wellcare	Medicaid	49.58			49.9	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Corrections	Corrections	468.62			49.58	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Wellcare	Medicare	61.88			11.57	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Quicare	Quicare	471.52			75	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	Three Rivers	Three Rivers	583.92			95	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	UHC	Medicare	61.88			11.57	49.58	533.92	98	49.58	533.92	98	49.58	
BKR CHD TB TEST CELL IMMUN MEASURE	86480	CPT	both								562.02	71.28	WellPoint	WellPoint	174.45			31.04	20.12	49.58	533.92	98	49.58	533.92	98	49.58
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Consumer	Consumer	6.91			95	5.17	54.99	98	5.17	54.99	98	5.17	
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Aetna	Better Health	13.97			30.44	5.17	54.99	98	5.17	54.99	98	5.17	
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Amerihealth	HMO/PO	29.84			65	4.59	54.99	98	4.59	54.99	98	4.59	
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	First Health	First Health	32.13			70	5.17	54.99	98	5.17	54.99	98	5.17	
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Aetna	Commercial	46.38			5.17	54.99	98	5.17	54.99	98	5.17		
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Amerihealth	Medicare	24.42			5.17	54.99	98	5.17	54.99	98	5.17		
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Corrections	Corrections	89.72			95	5.17	54.99	98	5.17	54.99	98	5.17	
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Three Rivers	Three Rivers	43.61			95	5.17	54.99	98	5.17	54.99	98	5.17	
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Wellcare	Medicaid	5.22			5.17	54.99	98	5.17	54.99	98	5.17		
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Horizon	Medicare Blue	34.42			75	5.17	54.99	98	5.17	54.99	98	5.17	
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Quicare	Quicare	34.43			5.17	54.99	98	5.17	54.99	98	5.17		
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	UHC	Medicare	28.42			5.17	54.99	98	5.17	54.99	98	5.17		
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	Aetna	Medicare	28.42			5.17	54.99	98	5.17	54.99	98	5.17		
BKR CHD SKIN TEST UNLISTED ANTIGEN	86486	outpatient	both								45.9	22.88	First Trenton	First Trenton	28.42			90	5.17	54.99	98	5.17	54.99	98	5.17	

description	unit	last_updated_on	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges_included_count	payer_name	plan_name	standard_charges_included_dollar	standard_charges_included_percentage	standard_charges_included_algorithm	estimated_amount	standard_charges	standard_charges	standard_charges	standard_charges	standard_charges	additional_generic_names
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	2025-09-17	20.0	31019	true																	
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD VOLTAGE-GATED CALCIUM CHANNEL ANTI BODY EACH	each	86596	CPT	both																		
BKR CHD THERMOACTINOMYCES VULGARIS IGG	each	86602	CPT	both																		
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BKR CHD THERMOACTINOMYCES VULGARIS IGG	each	86602	CPT	both																		
BKR CHD THERMOACTINOMYCES VULGARIS IGG	each	86602	CPT	both																		
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BKR CHD THERMOACTINOMYCES VULGARIS IGG	each	86602	CPT	both																		







description	unit	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetmsology	additional_generic_notes	
2025-09-17	20.0	2025-09-17	20.0	hospital_location	hospital_address	license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetmsology	additional_generic_notes	
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Aetna	Corrections			88.94			88.94						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Aetna	Commercial			42.25			42.25				1.88		105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	AnerHealth	HMO/PPO			2.1			2.1						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	First Health	First Health			77.83			77.83						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Horizon	Medicaid			12.23			12.23						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Horizon	PPO			42.56			42.56			38.28			105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	LHC	Medicaid			12.23			12.23						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Quakere	Quakere			63.39			63.39			75			105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Wellcare	Medicare			15.29			15.29						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	AnerHealth	Medicare			15.29			15.29						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Horizon	Medicaid			33.35			33.35						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	First Trenton	First Trenton			100.06			100.06			90			105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	LHC	Medicare			15.29			15.29						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Horizon	NJ Health			49			49			1.99			105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Multplan	Multplan			88.94			88.94			80			105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Managed Care Inc	Managed Care Inc			20.45			20.45						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	Three Rivers	Three Rivers			105.62			105.62						105.62	percent of total billed charges		
BKR CHG EBV NUCLEAR ANTIGEN AB, IGG	86864	CPT	both	11118	1758	WellPant	WellPant			34.51			34.51			31.04			105.62	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Multplan	Multplan			105.02			105.02						231.59	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Consumer	Consumer			231.59			231.59						231.59	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Aetna	Medicare			75.09			75.09					1.83		231.59	percent of total billed charges	
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Aetna	Better Health			14.21			14.21					44.12		231.59	percent of total billed charges	
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Quakere	Quakere			102.84			102.84						231.59	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Aetna	Commercial			62.64			62.64					6.68		231.59	percent of total billed charges	
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Americare	Americare			19.24			19.24						231.59	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	AnerHealth	Medicare			18.14			18.14						231.59	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	WellPant	WellPant			75.67			75.67			31.04		18.71		231.59	percent of total billed charges	
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Corrections	Corrections			19.02			19.02						231.59	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	First Trenton	First Trenton			219.4			219.4			90			231.59	percent of total billed charges		
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Horizon	Indemnity			59.32			59.32			38.28			5.03		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	AnerHealth	HMO/PPO			25.8			25.8						3.21		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	First Health	First Health			170.65			170.65			70			8.87		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Managed Care Inc	Managed Care Inc			219.4			219.4						5.03		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Wellcare	Medicare			18.14			18.14						8.53		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Horizon	MGD			93.32			93.32			38.28			21.84		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Horizon	Medicare Blue			38			38						4.61		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	LHC	Medicaid			74.21			74.21			30.44			16.81		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Three Rivers	Three Rivers			231.59			231.59			95			5.87		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Horizon	NJ Health			49			49						5.87		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	LHC	Medicare			18.14			18.14						12.5		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Horizon	PPO			93.32			93.32			38.28			8.24		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Wellcare	Medicaid			74.21			74.21			30.44			20.9		231.59	percent of total billed charges
BKR CHG EPSTEIN BARR VIRUS AB, PNL, I(050502)	86865	CPT	both	24378	2086	Horizon	Indemnity			92.21			92.21			30.44			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Multplan	Multplan			242.35			242.35			80			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Corrections	Corrections			105.62			105.62						8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Aetna	Commercial			115.12			115.12			38			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	AnerHealth	HMO/PPO			15.1			15.1						8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Aetna	Medicare			19.18			19.18						8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	First Trenton	First Trenton			272.65			272.65			90			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Horizon	MGD			115.97			115.97			38.28			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Americare	Americare			227.21			227.21			75			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Quakere	Quakere			227.21			227.21			75			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	WellPant	WellPant			143.21			143.21			31.04			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Consumer	Consumer			287.79			287.79			95			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	AnerHealth	Medicare			10.19			10.19						8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Horizon	Indemnity			159.97			159.97			38.28			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Horizon	NJ Health			11.31			11.31						8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Horizon	Medicare Blue			90.88			90.88			30			8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Wellcare	Medicaid			10.19			10.19						8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	LHC	Medicaid			8.14			8.14						8.14		231.59	percent of total billed charges
BKR CHG HGE IGM TITER	86866	CPT	both	30294	1171	Horizon	PPO			115.97												



description	hospital_name	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	last_updated_on	version	code	type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogsadjusted_cash	payee_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemsgs	standard_chargemsgsholiday	additional_generic_notes			
2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0	2025-09-17	20.0		
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Horizon	Medicare Blue	2.93	8.87	234.5	percent of total billed charges																	
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Horizon	NJ Health	5.09	8.87	234.5	percent of total billed charges																	
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 First Health	First Health	17.79	8.87	234.5	percent of total billed charges																	
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Horizon	MGD	16.49	8.87	234.5	percent of total billed charges																	
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Managed Care Inc	Managed Care Inc	222.62	8.87	19.91	8.87	234.5	percent of total billed charges															
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Three Rivers	Three Rivers	234.5	8.87	234.5	percent of total billed charges																	
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Multplan	Multplan	197.47	8.87	234.5	percent of total billed charges																	
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Wellcare	Wellcare	75.14	8.87	24.24	8.87	234.5	percent of total billed charges															
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 Quakere	Quakere	185.13	8.87	234.5	percent of total billed charges																	
BKR CHQ HSIV TYPE 2	86995	CPT	both	24884	15.17 WellPoint	WellPoint	78.62	8.87	12.93	8.87	234.5	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Aetna	Commercial	88.62	8.87	21.15	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Aetna	Medicare	19.35	8.87	1.94	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Amerihealth	HMO/PPD	25.31	8.87	2.82	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Horizon	Indemnity	87.46	8.87	38.28	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 American	American	171.36	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Consumer	Consumer	217.06	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Horizon	Better Health	89.56	8.87	33.19	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 First Health	First Health	159.94	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Horizon	NJ Health	21.48	8.87	8.76	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Conectons	Conectons	8.78	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Amerihealth	Medicare	19.35	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Horizon	Medicare Blue	85.84	8.87	4	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Horizon	PPD	87.46	8.87	13.62	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Horizon	MGD	87.46	8.87	22.96	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 UHC	Medicare	19.35	8.87	7.36	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Wellcare	Medicaid	15.48	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Multplan	Multplan	168.78	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Wellcare	Medicare	19.35	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 First Trenton	First Trenton	205.63	8.87	7.11	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Quakere	Quakere	217.06	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Managed Care Inc	Managed Care Inc	205.63	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 Three Rivers	Three Rivers	217.06	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 UHC	Medicaid	15.48	8.87	217.06	percent of total billed charges																	
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	22.25 WellPoint	WellPoint	79.92	8.87	27.02	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Aetna	Commercial	84.5	8.87	18.8	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Horizon	MGD	85.72	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 First Health	First Health	155.62	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Horizon	Medicare Blue	66.71	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Aetna	Better Health	87.69	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 UHC	Medicare	13.79	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Multplan	Multplan	177.89	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 American	American	88.77	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Aetna	Medicare	13.79	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Wellcare	Medicaid	11.03	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Quakere	Quakere	188.77	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Amerihealth	HMO/PPD	22	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Amerihealth	Medicare	13.79	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Horizon	NJ Health	24	8.87	1.52	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Conectons	Conectons	177.89	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Wellcare	Medicare	13.79	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Consumer	Consumer	217.06	8.87	25.46	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Wellcare	Medicare	13.79	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 First Trenton	First Trenton	202.12	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both	22848	15.86 Horizon	Indemnity	85.12	8.87	9.49	8.87	217.06	percent of total billed charges															
BKR CHQ HSIV IGG SUPP TEST REFLEX (14822)	86996	CPT	both																								



description	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	code_type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargescodes	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargedisclosed_dollar	standard_chargedisclosed_percentage	standard_chargedisclosed_algorithm	estimated_amount	standard_chargin	standard_chargescodes	standard_chargescodes	standard_chargescodes	additional_generic_names
BKR CHG INFLUENZA AB AQ QUANT	2025-09-17	20.0	hospital	1509 Bergen St	310119	both				14892	15.58	Managed Care Inc	Managed Care Inc	134.03	90		10.84	141.47	percent of total billed charges			
BKR CHG INFLUENZA AB AQ QUANT	2025-09-17	20.0	both			both				14892	15.58	Three Rivers	Three Rivers	141.47	95		10.84	141.47	percent of total billed charges			
BKR CHG STRATIFY JCV (TM) AB WINDEX	2025-09-17	20.0	outpatient			both				64566	19.42	Amerihealth	HMO/PPD	16.89	80		8.38	30.69	fee schedule			
BKR CHG STRATIFY JCV (TM) AB WINDEX	2025-09-17	20.0	outpatient			both				64566	19.42	Horizon	NJ Health	16.89	80		8.38	30.69	fee schedule			
BKR CHG STRATIFY JCV (TM) AB WINDEX	2025-09-17	20.0	outpatient			both				64566	19.42	UHC	Medicare	16.89	80		8.38	30.69	fee schedule			
BKR CHG STRATIFY JCV (TM) AB WINDEX	2025-09-17	20.0	outpatient			both				64566	19.42	Wellcare	Medicare	16.89	80		8.38	30.69	fee schedule			
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Aetna	Medicare	15.3	30.44		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Horizon	Indemnity	17.25	38.28		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Aetna	Commercial	46.9	38		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	First Trenton	First Trenton	111.08	90		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Amerihealth	Medicare	15.3	90		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Americare	Americare	92.97	75		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Corrections	Corrections	98.74	80		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Horizon	PPD	47.25	38.28		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Amerihealth	HMO/PPD	20.2	80		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Multplan	Multplan	98.74	80		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Horizon	MGD	47.25	38.28		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Managed Care Inc	Managed Care Inc	211.08	90		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	First Health	First Health	86.39	90		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Consumer	Consumer	117.25	95		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	UHC	Medicaid	12.24	12.24		11.25	fee schedule				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Wellcare	Medicaid	12.24	12.24		11.25	fee schedule				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	UHC	Medicare	15.3	15.3		11.25	fee schedule				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Quotace	Quotace	92.97	75		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Wellcare	Medicare	15.3	15.3		11.25	fee schedule				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Horizon	Medicare Blue	37.33	30		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	WellPoint	WellPoint	38.31	10.14		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Horizon	NJ Health	38.2	90		11.25	percent of total billed charges				
BKR CHG LEGIONELLA PNEUMOPHILA ABS	2025-09-17	20.0	both			both				12342	17.6	Three Rivers	Three Rivers	117.25	95		11.25	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	First Trenton	First Trenton	581.09	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Aetna	Medicare	12.25	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	UHC	Medicaid	16	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Americare	Americare	484.25	75		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Amerihealth	HMO/PPD	22.4	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Aetna	Better Health	196.84	30.44		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Aetna	Commercial	245.35	38		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Corrections	Corrections	45.53	80		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Horizon	PPD	247.16	38.28		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	First Health	First Health	451.96	70		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Wellcare	Medicare	12.25	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Consumer	Consumer	613.38	95		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Amerihealth	Medicare	12.25	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Horizon	Medicare Blue	193.7	30		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Managed Care Inc	Managed Care Inc	581.09	90		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Horizon	Indemnity	247.16	38.28		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Horizon	MGD	47.16	80		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Multplan	Multplan	516.53	80		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Horizon	NJ Health	13.6	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	WellPoint	WellPoint	204.11	31.04		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Wellcare	Medicaid	16	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Quotace	Quotace	484.25	75		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Three Rivers	Three Rivers	613.38	95		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	UHC	Medicare	12.25	11.63		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM (0051726)	2025-09-17	20.0	both			both				64566	14.09	Aetna	Better Health	1646	30.44		613.38	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM BY DOT	2025-09-17	20.0	both			both				5406	18.63	Amerihealth	Medicare	16.2	16.2		51.36	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM BY DOT	2025-09-17	20.0	both			both				5406	18.63	Corrections	Corrections	43.25	80		51.36	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM BY DOT	2025-09-17	20.0	both			both				5406	18.63	Aetna	Commercial	20.54	38		51.36	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM BY DOT	2025-09-17	20.0	both			both				5406	18.63	First Health	First Health	37.84	70		51.36	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM BY DOT	2025-09-17	20.0	both			both				5406	18.63	Aetna	Medicare	16.65	30.8		51.36	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM BY DOT	2025-09-17	20.0	both			both				5406	18.63	Consumer	Consumer	51.36	95		51.36	percent of total billed charges				
BKR CHG LESHMANIA ANTIBODY IGM BY DOT	2025-09-17	20.0	both																			

description	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	last_updated_on	version	code	type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargeminology	additional_generic_notes
BRK CHD MUMPS ANTIBODIES IGM (16499)					2025-09-17	20.0	CPT	both				5384	15.01	Three Rivers	Three Rivers	89.15	95					89.15	percent of total billed charges
BRK CHD MUMPS ANTIBODIES IGM (16499)					2025-09-17	20.0	CPT	both				5384	15.01	Horizon	PPD	35.92	38.28		17.71			89.15	percent of total billed charges
BRK CHD MUMPS ANTIBODIES IGM (16499)					2025-09-17	20.0	CPT	both				5384	15.01	UHC	Medicaid	0.44			15.71			89.15	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Aetna	Medicare	13.24						437.02	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Aetna	Medicare	13.24						437.02	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	UHC	Medicaid	10.59						437.02	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Consumer	Consumer	437.02	95					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	American	American	345.02	75					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Aetna	Better Health	14.03	30.44					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Wellcare	Medicare	16.24						437.02	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Aetna	Comwell	114.81						437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Aetna	HMO/PPD	22.8						437.02	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Corrections	Corrections	368.02	80					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Horizon	MGD	176.1	38.28					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	First Health	First Health	322.01	70					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Horizon	Medicare Blue	138.01	30					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Horizon	Idemity	176.1	38.28					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Horizon	PPD	176.1	38.28					437.02	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Horizon	NJ Health	23.52				17.3		437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Three Rivers	Three Rivers	472.02	95					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	First Trenton	First Trenton	414.02	90					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Wellcare	Medicare	10.59						437.02	fee schedule
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Multplan	Multplan	368.02	80					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Managed Care Inc	Managed Care Inc	414.02	90					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	Quakere	Quakere	345.02	75					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	WellPoint	WellPoint	142.79	31.04					437.02	percent of total billed charges
BRK CHD MYCOPLASMA PNEUMONIAE IGG5GM					2025-09-17	20.0	CPT	both				460.02	15.23	UHC	Medicare	13.24						437.02	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	American	American	206.61	75					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Horizon	MGD	106.98	38.28					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	UHC	Medicare	15.03						265.51	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	First Health	First Health	195.44	70					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Consumer	Consumer	265.51	95					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Aetna	Medicare	15.03						265.51	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Aetna	Better Health	16.07	30.44					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Aetna	HMO/PPD	22.8						265.51	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	UHC	Medicaid	7.02						265.51	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Multplan	Multplan	223.58	80					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Aetna	Comwell	166.2	38					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	First Trenton	First Trenton	201.53	90					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Wellcare	Medicare	15.03						265.51	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Corrections	Corrections	223.58	80					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	WellPoint	WellPoint	167.5	38.28					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Aetna	Medicare	15.03						265.51	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Quakere	Quakere	206.61	75					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Horizon	Idemity	195.98	38.28					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Horizon	Medicare Blue	83.84	30					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Horizon	PPD	106.98	38.28					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Horizon	NJ Health	33.52						265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Managed Care Inc	Managed Care Inc	251.53	90					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Three Rivers	Three Rivers	265.51	95					265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	17.28	Wellcare	Medicare	12.02						265.51	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	Wellcare	Medicare	13.19						393.41	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	Aetna	Consumer	13.19						393.41	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	Aetna	Better Health	156.06	30.44					393.41	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	Horizon	Idemity	195.53	38.28					393.41	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	Aetna	Comwell	127.37	38					393.41	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	American	American	310.59	75					393.41	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	Consumer	Consumer	393.41	95					393.41	percent of total billed charges
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient				279.49	15.17	Aetna	Medicare	13.19						393.41	fee schedule
BRK CHD PARVOVIRUS					2025-09-17	20.0	outpatient	outpatient	</														

University Hospital	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogsadjusted_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes	
BRK CHQ RUBELLA SCREEN	2025-09-17	20.0	University Hospital	University Hospital	190	Begon St	31019	true	08762	15.66	America	Medicare	10175	75		24.18	9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Aetna	Better Health	4129	30.44						24.18	9.79	128.88	percent of total billed charges			
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Aetna	Commercial	5165	38						29.16	9.79	128.88	fee schedule			
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Amerihealth	Medicare	1439									9.79	128.88	fee schedule		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Consumer	Consumer	128.88	95								9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Corrections	Corrections	108.53	80								9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	LHC	Medicare	1439						5.92			9.79	128.88	fee schedule		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	First Health	First Health	94.96							70		9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Amerihealth	HMO/PP0	21.8								31.65	9.79	128.88	fee schedule		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Horizon	PPO	51.93							38.28	22.67	9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Aetna	Medicare	1439									9.79	128.88	fee schedule		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	WellPoint	WellPoint	42.11							31.04		35.37	9.79	128.88	percent of total billed charges	
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Horizon	Medicare Blue	40.7									3.6	9.79	128.88	percent of total billed charges	
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Horizon	Indemnity	51.93							38.28		27.63	9.79	128.88	percent of total billed charges	
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Wellcare	Medicare	1439									6.42	9.79	128.88	fee schedule	
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Wellcare	Medicaid	11.51									25.67	9.79	128.88	fee schedule	
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Multplan	Multplan	108.53							80			9.79	128.88	percent of total billed charges	
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Horizon	MGD	51.93							38.28	28.53	9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	First Trenton	First Trenton	122.09							90		9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Quicare	Quicare	117.5									9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Managed Care Inc	Managed Care Inc	122.09							95		9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	Three Rivers	Three Rivers	128.88							95		9.79	128.88	percent of total billed charges		
BRK CHQ RUBELLA SCREEN	08762	CPT	both	15.66	16.55	LHC	Medicaid	11.51								21.6	9.79	128.88	fee schedule		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	WellPoint	WellPoint	56.04					31.04			48.25	10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Americare	Americare	125.41							75		10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Aetna	Medicare	12.88									10.3	171.51	fee schedule		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Amerihealth	Better Health	12.88									42.62	10.3	171.51	percent of total billed charges	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Aetna	Commercial	54.96							30.44		10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Horizon	MGD	69.11							38.28	29.13	10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Aetna	Commercial	68.61									27.59	10.3	171.51	percent of total billed charges	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Multplan	Multplan	144.43									10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	First Health	First Health	128.38									10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Amerihealth	HMO/PP0	12.9									10.3	171.51	fee schedule		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Consumer	Consumer	117.51									10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Horizon	Medicare Blue	54.19							95		4.79	10.3	171.51	percent of total billed charges	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Three Rivers	Three Rivers	171.51									10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	LHC	Medicare	12.88									10.09	10.3	171.51	fee schedule	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Corrections	Corrections	144.43							80		10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Horizon	NJ Health	9.6									7.21	10.3	171.51	fee schedule	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Wellcare	Medicaid	10.3									38.43	10.3	171.51	fee schedule	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Horizon	Indemnity	69.11							38.28		48.94	10.3	171.51	percent of total billed charges	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	First Trenton	First Trenton	92.49									43.29	10.3	171.51	percent of total billed charges	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Quicare	Quicare	135.41							75		10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Wellcare	Medicare	12.88									34.81	10.3	171.51	fee schedule	
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Horizon	PPO	58.11							38.28		10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	Wellcare	Managed Care Inc	162.49							90		10.3	171.51	percent of total billed charges		
BRK CHQ MEASLES/RUBELLA/AB (IGG/969560)	08765	CPT	both	180.54	14.81	LHC	Medicaid	10.3									33.5	10.3	171.51	fee schedule	
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	First Health	First Health	98.39									28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Amerihealth	HMO/PP0	89.51							65		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Aetna	Better Health	41.92							30.44		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Wellcare	Medicaid	3.7									28.46	130.82	fee schedule		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Consumer	Consumer	130.82							95		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	First Trenton	First Trenton	123.93							90		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Aetna	Commercial	52.33							38		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Americare	Americare	103.28									28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Horizon	PPO	52.71							38.28		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Horizon	MGD	52.71							38.28		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Horizon	Indemnity	52.71							38.28		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Amerihealth	Medicare	42.13									28.46	130.82	fee schedule		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Corrections	Corrections	110.16							80		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Horizon	Medicare Blue	41.31									28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Aetna	Medicare	41.31									28.46	130.82	fee schedule		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Quicare	Quicare	103.28							70		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	Multplan	Multplan	110.16							80		28.46	130.82	percent of total billed charges		
BRK CHQ SARS-COV2 SEMI-QUANT TOTAL AB	08769	CPT	both	137.7	48.45	LHC	Medicare	42.13									28.46	130.82	fee schedule		
BRK CHQ																					















description	unit	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegroup	standard_chargegroup_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
university_hospital	codeid	2025-06-17	2.0.0	university_hospital	150 Bergen St	31019 N														
BKR CHQ PRETTER SERUMARC ID INCLUB WDRUUS EA	68975	CPT	1102.52	32.46	Managed Care Inc	Managed Care Inc							1102.52		90				1102.52	
BKR CHQ PRETTER SERUMARC ID INCLUB WDRUUS EA	68975	CPT	1225.02	32.46	Three Rivers	Three Rivers							193.77		95				193.77	
BKR CHQ PRETTER SERUMARC ID INCLUB WDRUUS EA	68975	CPT	1225.02	32.68	Adena	Better Health							46.38		30.44				46.38	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Adena	Better Health							37.29		80				37.29	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Adena	Multiplan							28.42		80				28.42	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Multiplan	Multiplan							980.02		80				980.02	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Adena	Medicare							28.42		80				28.42	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Horizon	Medicare							54.99		80				54.99	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	American	American							918.77		75				918.77	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Corrections	Corrections							980.02		70				980.02	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Horizon	Medicare							28.42		80				28.42	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Consumer	Consumer							193.77		95				193.77	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Adena	HIQ/PPD							8.88		75				8.88	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Horizon	Quicare							918.77		95				918.77	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	LHC	Medicare							28.42		80				28.42	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Wellcare	Medicaid							25		90				25	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	First Trienton	First Trienton							1102.52		90				1102.52	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Horizon	Indemnity							54.99		80				54.99	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	LHC	Medicare							25		80				25	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	First Health	First Health							807.51		70				807.51	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Horizon	NJ Health							20.74		80				20.74	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Horizon	PPD							54.99		80				54.99	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Managed Care Inc	Managed Care Inc							1102.52		90				1102.52	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Wellcare	Medicare							28.42		80				28.42	
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	Three Rivers	Three Rivers							193.77		95				193.77	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DILLUTION	68976	CPT	1225.02	32.68	WellPoint	WellPoint							380.25		31.04				380.25	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	First Health	First Health							1068.01		70				1068.01	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Adena	Better Health							492.21		30.44				492.21	123.95
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Corrections	Corrections							1268.86		80				1268.86	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Adena	Medicare							198.83		70				198.83	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	LHC	Medicare							198.83		80				198.83	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Horizon	PPD							38.74		70				38.74	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Consumer	Consumer							143.15		95				143.15	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Adena	Commercial							54.49		80				54.49	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Wellcare	Medicare							198.83		80				198.83	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Adena	HIQ/PPD							25.69		80				25.69	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Horizon	Indemnity							38.74		70				38.74	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Horizon	Medicare Blue							198.83		80				198.83	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	First Trienton	First Trienton							207.72		90				207.72	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	WellPoint	WellPoint							488.26		31.04				488.26	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Wellcare	Medicaid							25		20.74				25	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Adena	Medicare							198.83		80				198.83	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Horizon	NJ Health							20.74		20.74				20.74	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Horizon	MGD							38.74		70				38.74	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Managed Care Inc	Managed Care Inc							137.72		90				137.72	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Multiplan	Multiplan							1268.86		80				1268.86	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Three Rivers	Three Rivers							143.15		95				143.15	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	American	American							111.44		75				111.44	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Quicare	Quicare							111.44		75				111.44	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	LHC	Medicaid							25		20.74				25	
BKR CHQ PRETTER SERUMARC ID INCLUB WNNH	68977	CPT	1508.58	228.65	Adena	Better Health							492.21		30.44				492.21	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Corrections	Corrections							1268.86		80				1268.86	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	First Trienton	First Trienton							137.72		90				137.72	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Adena	Medicare							68.92		11.01				68.92	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	First Health	First Health							1068.01		11.01				1068.01	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Consumer	Consumer							143.15		95				143.15	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Horizon	Medicare Blue							68.92		11.01				68.92	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Adena	Commercial							112.48		11.01				112.48	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Horizon	Indemnity							133.36		95				133.36	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Horizon	NJ Health							20.74		11.01				20.74	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Horizon	PPD							133.36		80				133.36	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Multiplan	Multiplan							1268.86		80				1268.86	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Wellcare	Medicare							68.92		11.01				68.92	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Managed Care Inc	Managed Care Inc							137.72		90				137.72	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	WellPoint	WellPoint							488.26		31.04				488.26	
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	Adena	Medicare							68.92		11.01				68.92	Payee-specific negotiated charge calculated as a percent of the Medicare value
BKR CHQ PRETTER SERUMARC ID DIFF REDCEL	68978	CPT	1508.58	79.26	LHC	Medicare							68.92		80					

description	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_charge_group	standard_charge_group_cms4085	payer_name	plan_name	standard_charge_group_negotiated_dollar	standard_charge_group_negotiated_percentage	standard_charge_group_negotiated_algorithm	estimated_amount	standard_charge_group	standard_charge_group	standard_charge_group	standard_charge_group	standard_charge_group	additional_generic_notes
University Hospital	2025-09-17	20.0	hospital_location	address_license_num	31019 true	drug_unit_of_measurement	drug_type_of_measurement	standard_charge_group	standard_charge_group_cms4085	payer_name	plan_name	standard_charge_group_negotiated_dollar	standard_charge_group_negotiated_percentage	standard_charge_group_negotiated_algorithm	estimated_amount	standard_charge_group	standard_charge_group	standard_charge_group	standard_charge_group	standard_charge_group	additional_generic_notes
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Horizon	NI Health	1764						3.64	8.26				89.15 fee schedule	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Aetna	Medicare	10.32						8.51	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Aetna	Better Health	22.47		30.44				8.26	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Wellcare	Medicare	10.32						14.59	8.26				89.15 fee schedule	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Horizon	PPD	35.92						35.92	38.28				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Horizon	Indersity	35.92						38.28	38.28				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Consumer	Consumer	89.15						95	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Corrections	Corrections	75.07						80	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	WellSpan	WellSpan	29.13		31.04				21.85	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Multplan	Multplan	75.07						70	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	First Health	First Health	65.69						70	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Horizon	Medicare Blue	28.15						30	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	First Trenton	First Trenton	84.46						30	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Quintare	Quintare	70.38						75	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	LHC	Medicaid	8.26							23.16	8.26			89.15 fee schedule	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Horizon	MGD	35.92						38.28	12.95	8.26			89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Managed Care Inc	Managed Care Inc	84.46						90	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	LHC	Medicare	10.32							11.85	8.26			89.15 fee schedule	
BKR CHD PEDIATRIC BLOOD CULTURE	87040	CPT	both	both	5384	11.87	Three Rivers	Three Rivers	89.15						95	8.26				89.15 percent of total billed charges	
BKR CHD PEDIATRIC BLOOD CULTURE	87045	CPT	both	both	10.86	Wellcare	Medicaid	7.55								51.04	7.04			171.51 fee schedule	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Amerhealth	HMO/PPD	14.7							7.04				171.51 fee schedule	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Amerhealth	Amerhealth	135.47						75	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Aetna	Medicare	9.44							7.04				171.51 fee schedule	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Wellcare	Medicare	9.44							7.04				171.51 fee schedule	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Aetna	Commercial	69.61						38	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Aetna	Better Health	54.98						30.44	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Amerhealth	Medicare	9.44							7.04				171.51 fee schedule	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Corrections	Corrections	144.43						80	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Horizon	MGD	69.11							38.28	7.04			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Consumer	Consumer	171.51							7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	First Health	First Health	96.38							70	7.04			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Horizon	Indersity	69.11							38.28	7.04			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Horizon	NI Health	17.64							5.74	7.04			171.51 fee schedule	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	First Trenton	First Trenton	162.49							7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Multplan	Multplan	144.43						80	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Horizon	PPD	49.11							38.28	7.04			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Quintare	Quintare	35.41						75	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Horizon	Medicare Blue	54.19							7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	LHC	Medicaid	7.55							24.1	7.04			171.51 fee schedule	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Managed Care Inc	Managed Care Inc	162.49						90	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	WellSpan	WellSpan	56.94		31.04					44.97	7.04			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	Three Rivers	Three Rivers	171.51						95	7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC WISOLAPRELIUM EXAM	87045	CPT	both	both	10.854	10.86	LHC	Medicare	9.44							18.44	7.04			171.51 fee schedule	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Horizon	PPD	69.11						38.28	63.49	7.04			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Aetna	Medicare	9.44							9.44	7.04			171.51 fee schedule	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	LHC	Medicaid	7.55							20.42	3.7			171.51 fee schedule	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Amerhealth	Medicare	9.44							7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Aetna	Better Health	54.98						30.44	3.7				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Amerhealth	Americare	135.41						75	3.7				171.51 fee schedule	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Amerhealth	HMO/PPD	3.7							7.04				171.51 fee schedule	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	First Health	First Health	163.39							70	3.7			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Aetna	Commercial	69.61							3.7				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Corrections	Corrections	144.43						80	3.7				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Horizon	MGD	69.11							38.28	3.7			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Consumer	Consumer	171.51							95	3.7			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Wellcare	Medicare	9.44							7.04				171.51 fee schedule	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	First Trenton	First Trenton	162.49						90	3.7				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Horizon	NI Health	10.47							4.87	3.7			171.51 fee schedule	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Quintare	Quintare	54.16							7.04				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Multplan	Multplan	144.43						80	3.7				171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Horizon	Indersity	69.11							38.28	3.7			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	Quintare	Quintare	35.41							75	3.7			171.51 percent of total billed charges	
BKR CHD STOOL AEROBIC ADD PATOCENSEA FLT	87046	CPT	both	both	10.854	10.86	LHC	Medicare	9.44												











description	university	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	last_updated_on	version	code	type	unit	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_chargenet	standard_chargenet_hobbylogy	additional_generic_notes	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	each				699.72	215.51	6.69 Aetna	Medicare	215.51	30.8		5.88	5.88	664.73	percent of total billed charges		
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 First Health	First Health	6.69	70		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Commercial	Commercial	265.89	38		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Quaker	Quaker	524.79	75		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 First Trenton	First Trenton	563.75	80		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	Medicare Blue	699.72	30		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Amerihealth	HMO/PPD	9.4			5.88	5.88	664.73	fee schedule			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 WellPar	WellPar	217.19	31.04		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	MGD	267.85	38.28		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Multplan	Multplan	589.79	80		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Indemnity	Indemnity	297.85	38.28		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Three Rivers	Three Rivers	664.73	95		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Managed Care Inc	Managed Care Inc	620.75	90		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Wellcare	Medicaid	12.99	30.44		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	NU Health	5.88			3.27	5.88	5.88	664.73	fee schedule		
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	PPO	267.85	38.28		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Wellcare	Medicare	5.99			6.01	5.88	5.88	664.73	fee schedule		
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 UHC	Medicare	5.99			6.01	5.88	5.88	664.73	fee schedule		
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 UHC	Medicaid	212.99	30.44		5.88	5.88	664.73	percent of total billed charges			
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Aetna	Better Health	80.3	30.44		9.4	5.88	5.88	664.73	percent of total billed charges		
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Amerihealth	HMO/PPD	9.4			5.28	9.4	5.88	5.88	664.73	fee schedule	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Aetna	Commercial	17.98			5.28	9.4	5.88	5.88	664.73	fee schedule	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 American	American	123.93	75		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Consumer	Consumer	165.98	95		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Aetna	Commercial	62.79	38		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	NU Health	19.95	1.14		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Corrections	Corrections	132.19	80		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Wellcare	Medicare	17.98			5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	Indemnity	63.25	38.28		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Amerihealth	Medicare	17.98			5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 First Trenton	First Trenton	149.72	90		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Quaker	Quaker	123.93	75		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	PPO	63.25	38.28		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 First Health	First Health	115.07	70		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	Medicare Blue	49.57	30		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 UHC	Medicaid	14.38			5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Three Rivers	Three Rivers	165.98	95		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Horizon	MGD	63.25	38.28		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Managed Care Inc	Managed Care Inc	192.72	90		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 WellPar	WellPar	51.29	31.04		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 UHC	Medicare	17.98			5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Multplan	Multplan	122.19	80		5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG PARASITE EXAM BLOOD(08/18)	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				699.72	6.69 Wellcare	Medicaid	14.38			5.28	9.4	5.88	5.88	664.73	percent of total billed charges	
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.69 Amerihealth	HMO/PPD	7			10.6	4.66	4.66	85.27	percent of total billed charges		
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.69 Aetna	Commercial	34.11	38		4.66	4.66	85.27	percent of total billed charges			
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.69 Horizon	NU Health	4.7			11.96	4.66	4.66	85.27	percent of total billed charges		
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.69 Horizon	MGD	34.36	38.28		18.36	4.66	4.66	85.27	percent of total billed charges		
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.69 Aetna	Better Health	27.32	30.44		11.96	4.66	4.66	85.27	percent of total billed charges		
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.69 Wellcare	Medicare	5.82			4.66	4.66	85.27	percent of total billed charges			
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.69 Amerihealth	Medicare	5.82			4.66	4.66	85.27	percent of total billed charges			
BKR CHG WET PREP	University Hospital	University Hospital	150 Bergen St	3/10/19	2025-09-17	20.0	CPT	both				89.76	6.6											



university_hospital	last_updated_on	version	hospital_location	address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code_type	code	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_charge_dollars	standard_charge_included_cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_in	standard_charges_in	standard_charge_including_pharmacy	additional_generic_notes		
University Hospital	2025-09-17	2.0.0	University Hospital	1909 Brigham St	31019 Utah	code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Wellcare	Medicare						84.63	fee schedule		
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Multplan	Multplan	67.73	80				84.63	percent of total billed charges		
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Horizon	NJ Health	12.23						84.43	fee schedule	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	UHC	Medicaid	25.77	30.44					80.43	percent of total billed charges	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Wellcare	Medicaid	25.77	30.44					80.43	percent of total billed charges	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Quicare	Quicare	65.5	75					80.43	percent of total billed charges	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Horizon	PP0	32.41	38.28					80.43	percent of total billed charges	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	WellPant	WellPant	26.28	31.04					80.43	percent of total billed charges	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Managed Care Inc	Managed Care Inc	76.19	90					80.43	percent of total billed charges	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	UHC	Medicare	11.98						80.43	fee schedule	
						code	87272	CPT	BKR CHD CRYPTOSPORIDIUM SMEAR			84.66		13.78	Three Rivers	Three Rivers	80.43	95					80.43	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Aetna	Medicare	15.6							158.92	fee schedule
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Aetna	Commercial	63.57	38					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Aetna	Wellcare	39.46	47.23					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Multplan	Indemnity	64.03	38.28					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Multplan	Multplan	133.82	80					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	American	American	125.46	75					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Consumer	Consumer	158.92							158.92	percent of total billed charges
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Aetna	Medicare	15.6							158.92	fee schedule
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	First Health	First Health	117.1	70						158.92	percent of total billed charges
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Horizon	MGD	64.03	38.28					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	WellPant	WellPant	51.26	31.04					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Horizon	PP0	64.03	38.28					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Quicare	Quicare	125.46	75					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Aetna	HMO/PP0	15.2						158.92	fee schedule	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Wellcare	Medicaid	12.48							158.92	fee schedule
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Corrections	Corrections	133.82	80					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	LHC	Medicare	15.6							158.92	fee schedule
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Three Rivers	Three Rivers	158.92	95					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Wellcare	Medicare	15.6							158.92	fee schedule
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	First Trenton	First Trenton	165.95	90					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	LHC	Medicaid	12.48							158.92	fee schedule
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Horizon	Medicare Blue	52.18	30					158.92	percent of total billed charges	
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Horizon	NJ Health	12.23							158.92	fee schedule
						code	87278	CPT	BKR CHD LEGIONELLA PNEUMOPHILA			167.28		17.94	Managed Care Inc	Managed Care Inc	105.55	60					158.92	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Consumer	Consumer	165.59	95						165.58	percent of total billed charges
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Aetna	Medicare	11.98							165.58	fee schedule
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Aetna	Wellcare	54.34	30.44					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Multplan	Multplan	42.8	60					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	American	American	133.88	75					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Aetna	HMO/PP0	15.2							165.58	fee schedule
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	LHC	Medicare	11.98							165.58	fee schedule
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Aetna	Medicare	11.98							165.58	fee schedule
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Horizon	MGD	68.33	38.28					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	First Trenton	First Trenton	165.95	90					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Aetna	Commercial	67.83	38					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Quicare	Quicare	133.88	80					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Wellcare	Medicare	11.98							165.58	fee schedule
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	First Health	First Health	124.95	70					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	WellPant	WellPant	56.41	31.04					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Corrections	Corrections	142.8	80					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Horizon	Indemnity	68.33	38.28					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Horizon	Medicare Blue	53.55	30					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Horizon	NJ Health	12.23							165.58	fee schedule
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	LHC	Medicaid	9.55							165.58	fee schedule
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Horizon	PP0	68.33	38.28					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Managed Care Inc	Managed Care Inc	105.55	60					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Three Rivers	Three Rivers	165.58	95					165.58	percent of total billed charges	
						code	87281	CPT	BKR CHD PNEUMOCYSTIS SMEAR DFA			178.5		13.78	Wellcare	Medicare	9.58							165.58	fee schedule
						code	87305	CPT	BKR CHD ASPERGILLUS GALACTOMANNAN AG			487.56		13.78	Horizon	MGD	186.64	38.28					463.18	percent of total billed charges	
						code	87305	CPT	BKR CHD ASPERGILLUS GALACTOMANNAN AG			487.56		13.78	Aetna	Commercial	185.27	38.28		43.6			463.18	percent of total billed charges	
						code	87305	CPT	BKR CHD ASPERGILLUS GALACTOMANNAN AG			487.56</													

description	hospital_name	hospital_location	address_line1	address_line2	city	state	zip	last_updated_on	version	2025-09-17	20.0	code	code_type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsgs	standard_chargemsgs_cashed	payee_name	plan_name	standard_chargemsgnegotiated_dollar	standard_chargemsgnegotiated_percentage	standard_chargemsgnegotiated_algorithm	estimated_amount	standard_chargemsg	standard_chargemsgs	standard_chargemsgtechnology	additional_generic_notes
BKR CHG ENTAMOEBA HISTOLYTICA AG EA (058001)	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07337	CPT	14954	outpatient	13.78 UHC	Medicaid	14954	9.58		Medicaid	9.58			9.58	9.58	142.44	fee schedule		
BKR CHG ENTAMOEBA HISTOLYTICA AG EA (058001)	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07337	CPT	14954	outpatient	13.78 UHC	Medicare Blue	14954	9.58		Medicare Blue	9.58	30			9.58	9.58	142.44	percent of total billed charges	
BKR CHG ENTAMOEBA HISTOLYTICA AG EA (058001)	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07337	CPT	14954	outpatient	13.78 WellPant	WellPant	14954	46.54		WellPant	46.54	31.04			9.58	9.58	142.44	percent of total billed charges	
BKR CHG ENTAMOEBA HISTOLYTICA AG EA (058001)	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07337	CPT	14954	outpatient	13.78 WellPant	WellPant	14954	11.98		WellPant	11.98				9.58	9.58	142.44	percent of total billed charges	
BKR CHG ENTAMOEBA HISTOLYTICA AG EA (058001)	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07337	CPT	14954	outpatient	13.78 Horizon	NJ Health	14954	12.23		NJ Health	12.23				9.58	9.58	142.44	fee schedule	
BKR CHG ENTAMOEBA HISTOLYTICA AG EA (058001)	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07337	CPT	14954	outpatient	13.78 Three Rivers	Three Rivers	14954	162.44		Three Rivers	162.44	95			9.58	9.58	142.44	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Aetna	Better Health	163.2	69.68		Better Health	69.68	30.44			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 American	American	163.2	12.4		American	12.4	75			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Corrections	Corrections	163.2	139.56		Corrections	139.56	80			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Commercial	Commercial	163.2	62.02		Commercial	62.02	19.49			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 First Health	First Health	163.2	114.24		First Health	114.24	70			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Horizon	MD	163.2	62.47		MD	62.47	38.28			33.36	33.36	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Amerhealth	HMO PPO	163.2	16		HMO PPO	16				11.5	11.5	155.04	fee schedule	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Amerhealth	Medicare	163.2	14.38		Medicare	14.38				11.5	11.5	155.04	fee schedule	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Aetna	Medicare	163.2	14.38		Medicare	14.38	14.19			11.5	11.5	155.04	fee schedule	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Horizon	NJ Health	163.2	15.97		NJ Health	15.97				11.5	11.5	155.04	fee schedule	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 UHC	Medicare	163.2	14.38		Medicare	14.38	9.93			11.5	11.5	155.04	fee schedule	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 First Trenton	First Trenton	163.2	168.88		First Trenton	168.88	90			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 UHC	Medicaid	163.2	11.5		Medicaid	11.5				14.65	14.65	155.04	fee schedule	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 WellPant	WellPant	163.2	69.66		WellPant	69.66	31.04			22.6	22.6	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Consumer	Consumer	163.2	19.99		Consumer	19.99	95			7.65	7.65	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Horizon	PPO	163.2	62.47		PPO	62.47	38.28			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Horizon	Indemnity	163.2	62.47		Indemnity	62.47	38.28			30.28	30.28	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Multilan	Multilan	163.2	139.56		Multilan	139.56	80			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Horizon	Medicare Blue	163.2	48.96		Medicare Blue	48.96	30			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Managed Care Inc	Managed Care Inc	163.2	168.88		Managed Care Inc	168.88	90			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Three Rivers	Three Rivers	163.2	165.04		Three Rivers	165.04	95			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Quaker	Quaker	163.2	12.4		Quaker	12.4	75			11.5	11.5	155.04	percent of total billed charges	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Wellcare	Medicaid	163.2	11.05		Medicaid	11.05	11.05			11.5	11.5	155.04	fee schedule	
BKR CHG HELICOBACTER PYLORI STOL ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07338	CPT	163.2	both	16.54 Wellcare	Medicare	163.2	14.38		Medicare	14.38				11.5	11.5	155.04	fee schedule	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Aetna	Better Health	9732	29.81		Better Health	29.81	30.44			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Corrections	Corrections	9732	78.34		Corrections	78.34	80			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Amerhealth	Medicare	9732	13.33		Medicare	13.33				7.65	7.65	93.02	fee schedule	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Aetna	Commercial	9732	37.21		Commercial	37.21	38			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Consumer	Consumer	9732	63.02		Consumer	63.02	95			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 First Trenton	First Trenton	9732	83.3		First Trenton	83.3	90			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Aetna	Medicare	9732	10.33		Medicare	10.33				12.21	12.21	93.02	fee schedule	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 First Health	First Health	9732	65.54		First Health	65.54	70			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Managed Care Inc	Managed Care Inc	9732	83.3		Managed Care Inc	83.3	90			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Wellcare	Medicaid	9732	8.26		Medicaid	8.26	75			20.22	20.22	93.02	fee schedule	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 American	American	9732	12.44		American	12.44	90			7.65	7.65	93.02	percent of total billed charges	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Amerhealth	HMO PPO	9732	14.3		HMO PPO	14.3				7.65	7.65	93.02	fee schedule	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ	07001	2025-09-17	20.0	07340	CPT	9732	both	11.88 Wellcare	Medicare	9732	10.33		Medicare	10.33				7.65	7.65	93.02	fee schedule	
BKR CHG HEPATITIS B SURFACE ANTIGEN	University Hospital	University Hospital	150 Bergen St		Bergen	NJ																						





description	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	category	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemix	standard_chargemethodology	additional_generic_notes		
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Multijan	Multijan			80		16.52	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Aetna	Medicare					16.52	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 AetnaHealth	Medicare					14.05	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 UHC	Medicare					15.59	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Horizon	Indemnity					13.78	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Horizon	NJ Health					38.28	24.17	346.9 fee schedule			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 First Health	First Health					25.61	70	24.17	346.9 percent of total billed charges		
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Wellcare	Medicare					12.93	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Quakere	Quakere					75	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Corrections	Corrections					292.13	80	40.53	24.17	346.9 percent of total billed charges	
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 UHC	Medicare					28.07	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 First Trenton	First Trenton					328.64	90	24.17	346.9 percent of total billed charges		
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 WellPoint	WellPoint					31.04	24.17	346.9 percent of total billed charges			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Horizon	Medicare Blue					9.21	30	24.17	346.9 percent of total billed charges		
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Wellcare	Medicaid					28.07	24.17	346.9 fee schedule			
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Managed Care Inc	Managed Care Inc					30.64	90	24.17	346.9 percent of total billed charges		
BKR CHQ NEISERRIA GONORRHEAE (OU)	2025-09-17	20.0	University Hospital	University Hospital	130119 N		inpatient				365.16	40.35 Three Rivers	Three Rivers					34.96	30	24.17	346.9 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Corrections	Corrections					1265.81	80	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 First Health	First Health					1133.83	70	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Horizon	Indemnity					1100.04	30	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Aetna	HMO/PPO					29.78	30	29.78	1538.77 fee schedule		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Aetna	Better Health					28.89	30.8	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Aetna	Better Health					30.44	30.8	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Americare	Americare					121.82	75	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 AetnaHealth	Medicare					37.27	24.17	29.78	1538.77 fee schedule		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 WellPoint	WellPoint					31.04	24.17	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Horizon	Medicare Blue					37.27	30	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 UHC	Medicaid					30.44	24.17	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Consumer	Consumer					1538.77	95	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Aetna	Commercial					495.51	38	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Multijan	Multijan					1265.81	80	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 First Trenton	First Trenton					142.78	90	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Horizon	MCO					100.44	30	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Horizon	PPO					620.04	38.28	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Quakere	Quakere					1214.62	75	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Managed Care Inc	Managed Care Inc					142.78	70	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Horizon	NJ Health					38.96	30	29.78	1538.77 fee schedule		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Wellcare	Medicare					37.27	24.17	29.78	1538.77 fee schedule		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Three Rivers	Three Rivers					1538.77	95	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	42.86 Wellcare	Medicaid					495.05	30.44	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Multijan	Medicaid					111.39	30.44	29.78	1538.77 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Aetna	Medicare					427.89	30.8	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 First Trenton	First Trenton					1202.32	90	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Consumer	Consumer					1319.78	95	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Americare	Americare					1041.93	75	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Horizon	MCO					531.8	38.28	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Horizon	Indemnity					531.8	38.28	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Aetna	Better Health					427.88	30.44	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Quakere	Quakere					1041.93	75	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 AetnaHealth	HMO/PPO					46.5	30.44	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Managed Care Inc	Managed Care Inc					1202.32	90	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Horizon	Medicare					111.39	30.44	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Three Rivers	Three Rivers					1319.78	95	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 UHC	Medicaid					422.88	30.44	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Horizon	PPO					531.8	38.28	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025-09-17	20.0	University Hospital	University Hospital	130119 N		outpatient				1619.76	40.35 Aetna	Commercial					527.91	38	35.09	1319.78 percent of total billed charges		
BKR CHQ CLOSTRIDIUM DIFFICILE PCR	2025																						



description	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cms800	payor_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargem	standard_chargemethodology	additional_generic_notes
codeid1	codeid2	codeid3	codeid4	codeid5	codeid6	codeid7	codeid8	codeid9	codeid10	codeid11	codeid12	codeid13	codeid14	codeid15	codeid16	codeid17	codeid18	codeid19	codeid20
BKR CHQ CSF HHV-6	2025-09-17	20.0	University Hospital	1501 N. 17th St	33119														
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	First Health	First Health	333.44	70		28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	WellPant	WellPant	147.86	31.24		28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	Horizon	PPO	32.34	38.28		28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	Wellcare	Medicaid	28.07			28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	Quakare	Quakare	57.76	75		28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	Managed Care Inc	Managed Care Inc	438.71	90		28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	Horizon	NJ Health	38.96			28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	LHC	Medicaid	35.09			28.07			452.52	percent of total billed charges
BKR CHQ CSF HHV-6	87532	CPT	both					478.34	40.35	Three Rivers	Three Rivers	452.52	95		28.07			452.52	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Amerihealth	Medicare	41.76			33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Amerihealth	Amerihealth	423.23	75		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Consumer	Consumer	447.49	95		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Wellcare	Medicaid	41.76			33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Aetna	Better Health	174.43	30.44		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Aetna	Medicare	41.76			33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	First Health	First Health	403.41	70		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	First Trention	First Trention	53.07	90		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Corrections	Corrections	461.04	80		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Amerihealth	HMO/PRO	57.07			33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Wellcare	Medicaid	33.41			33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Horizon	PPO	220.61	38.28		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Aetna	Commercial	45.99	38		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Horizon	Medicare Blue	172.89	30		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Horizon	NJ Health	46.35			33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Managed Care Inc	Managed Care Inc	636.67	90		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Horizon	Idenity	220.61	38.28		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Horizon	MGD	220.61	38.28		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	WellPant	WellPant	178.88	31.04		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Three Rivers	Three Rivers	547.49	95		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Multiplan	Multiplan	461.04	80		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	LHC	Medicaid	33.41			35.94			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	Quakare	Quakare	432.23	75		33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	UHC	Medicare	41.76			33.41			547.49	percent of total billed charges
BKR CHQ HUMAN HERPES VIRUS TYPE 8 IGM	87533	CPT	both					576.3	48.02	UHC	Medicaid	35.09			33.41			547.49	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Corrections	Corrections	620.98	75		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	LHC	Medicare	35.09			34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Aetna	Better Health	236.29	30.44		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	First Trention	First Trention	698.9	90		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Horizon	Idenity	671.48	85		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Aetna	Commercial	264.96	38		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Consumer	Consumer	737.41	95		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Amerihealth	HMO/PRO	48.5			34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Horizon	MGD	297.14	38.28		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Wellcare	Medicaid	236.29	30.44		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	First Health	First Health	243.35	31.04		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Horizon	PPO	297.14	38.28		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Multiplan	Multiplan	620.98	80		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Aetna	Medicare	35.09			34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Horizon	Medicare Blue	222.87	30		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Managed Care Inc	Managed Care Inc	696.9	90		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Horizon	NJ Health	38.96			19.12			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Horizon	Medicare	222.87	30		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Wellcare	Medicare	35.09			34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Quakare	Quakare	461.04	75		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Three Rivers	Three Rivers	737.41	95		34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Amerihealth	Medicare	35.09			34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	Amerihealth	Medicaid	48.5			34.58			737.41	percent of total billed charges
BKR CHQ H1V-1 DNA QUAL PCR(80)	87535	CPT	both					786.22	40.35	WellPant	WellPant	260.94	31.04		60.45			737.41	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	Amerihealth	Medicare	85.1			68.08			362.27	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	Amerihealth	Medicaid	85.1			68.08			362.27	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	Consumer	Consumer	286.01	75		20.05			362.27	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	Horizon	Medicare Blue	114.4	30.44		20.88			362.27	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	First Trention	First Trention	343.21	90		68.08			362.27	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	Consumer	Consumer	362.27	95		68.08			362.27	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	Multiplan	Multiplan	362.07	80		68.08			362.27	percent of total billed charges
BKR CHQ QUANT: RNA PCR	87536	CPT	both					381.34	97.87	Aetna	Better Health	116.08	30.44		60.2				





hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	last_updated_on	version	code	type	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount	charge_name	pln_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemys	standard_chargemethodology	additional_generic_notes
University Hospital	150191		2025-09-17	2.0.0	00001	CPT	both	BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Horizon	365.16	40.35 Horizon	PPO	19.78	24.39	28.28	24.39	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Corrections	365.16	40.35 Corrections	Corrections	252.13	80		252.13	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Horizon	365.16	40.35 Horizon	Intensify	19.78	24.39	20.71	20.71	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 First Trenton	365.16	40.35 First Trenton	First Trenton	30.64	35.09		30.64	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Amerihealth	365.16	40.35 Amerihealth	Amerihealth	15.05	17.28		15.05	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Horizon	365.16	40.35 Horizon	MGD	19.78	24.39	28.28	28.28	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Horizon	365.16	40.35 Horizon	NJ Health	17.53	20.14	7.77	7.77	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Managed Care Inc	365.16	40.35 Managed Care Inc	Managed Care Inc	30.64	35.09		30.64	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Three Rivers	365.16	40.35 Three Rivers	Three Rivers	346.9	95		346.9	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 UHC	365.16	40.35 UHC	Medicare	35.09	40.35		35.09	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 UHC	365.16	40.35 UHC	Medicare	28.07	32.67		28.07	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Wellcare	365.16	40.35 Wellcare	Medicaid	28.07	27.93		28.07	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 Wellcare	365.16	40.35 Wellcare	Medicare	35.09	40.35		35.09	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ TRICHOMONAS VAGINALIS AMP			40.35 WellPart	365.16	40.35 WellPart	WellPart	11.35	31.04		11.35	346.9 percent of total billed charges	346.9 percent of total billed charges	346.9 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Amerihealth	1156.44	59.01 Amerihealth	HMO/PO	777.04	68		777.04	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Aetna	1156.44	59.01 Aetna	Commercial	452.27	35		452.27	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Amerihealth	1156.44	59.01 Amerihealth	Commercial	51.31	41.05		51.31	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 First Health	1156.44	59.01 First Health	First Health	836.81	70		836.81	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Aetna	1156.44	59.01 Aetna	Medicare	61.31	80		61.31	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Corrections	1156.44	59.01 Corrections	Corrections	10.35	70		10.35	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 First Trenton	1156.44	59.01 First Trenton	First Trenton	1075.9	90		1075.9	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Aetna	1156.44	59.01 Aetna	Better Health	26.47	38.28		26.47	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Horizon	1156.44	59.01 Horizon	Intensify	457.61	38.28		457.61	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Horizon	1156.44	59.01 Horizon	MGD	457.61	38.28		457.61	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 WellPart	1156.44	59.01 WellPart	WellPart	371.08	31.04		371.08	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 UHC	1156.44	59.01 UHC	Medicare	51.31	41.05		51.31	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Americare	1156.44	59.01 Americare	Americare	866.58	75		866.58	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 UHC	1156.44	59.01 UHC	Medicaid	41.05	38.28		41.05	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Horizon	1156.44	59.01 Horizon	PPO	457.61	31.04		457.61	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Wellcare	1156.44	59.01 Wellcare	Medicare	61.31	41.05		61.31	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Multplan	1156.44	59.01 Multplan	Multplan	69.95	80		69.95	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Managed Care Inc	1156.44	59.01 Managed Care Inc	Managed Care Inc	1075.9	90		1075.9	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Consumer	1156.44	59.01 Consumer	Consumer	1135.67	95		1135.67	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Three Rivers	1156.44	59.01 Three Rivers	Three Rivers	1135.67	95		1135.67	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Quakere	1156.44	59.01 Quakere	Quakere	866.58	75		866.58	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Wellcare	1156.44	59.01 Wellcare	Medicaid	41.05	41.05		41.05	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Horizon	1156.44	59.01 Horizon	Medicare Blue	36.63	30		36.63	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			59.01 Horizon	1156.44	59.01 Horizon	NJ Health	49.67	30		49.67	1135.67 percent of total billed charges	1135.67 percent of total billed charges	1135.67 percent of total billed charges	
								BRK CHQ ZIKARA.REAL.TIME.RT.PCR(93870)			40.35 Corrections	1156.44	40.35 Corrections	Corrections	1372.51	80		1372.51	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Americare	1715.64	40.35 Americare	Americare	1266.73	75		1266.73	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Aetna	1715.64	40.35 Aetna	Commercial	691.94	38		691.94	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Aetna	1715.64	40.35 Aetna	Commercial	22.24	22.19		22.19	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Multplan	1715.64	40.35 Multplan	Multplan	139.66	38.28		139.66	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 UHC	1715.64	40.35 UHC	Medicare	35.09	38.28		35.09	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Aetna	1715.64	40.35 Aetna	Medicare	35.09	38.28		35.09	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 UHC	1715.64	40.35 UHC	Medicaid	28.07	38.28		28.07	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Horizon	1715.64	40.35 Horizon	NJ Health	163.92	19.16		163.92	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Consumer	1715.64	40.35 Consumer	Consumer	620.86	95		620.86	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 First Health	1715.64	40.35 First Health	First Health	1200.95	90		1200.95	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Horizon	1715.64	40.35 Horizon	Medicare Blue	341.49	30		341.49	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Quakere	1715.64	40.35 Quakere	Quakere	1266.73	35.83		1266.73	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Wellcare	1715.64	40.35 Wellcare	Medicare	35.09	38.28		35.09	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 Amerihealth	1715.64	40.35 Amerihealth	HMO/PO	48.5	38.28		48.5	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA.VIRUS URINE			40.35 WellPart	1715.64	40.35 WellPart	WellPart	523.53	31.04		523.53	1620.86 percent of total billed charges	1620.86 percent of total billed charges	1620.86 percent of total billed charges	
								BRK CHQ ZIKARA														

hospital_name	hospital_location	hospital_address_line_one	hospital_address_line_two	best_of_knowledge_and_belief	hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50	and_the_information_encoded_is_true	accurate	and_complete_as_of_the_date_indicated	last_updated_on_version	2025-09-17	20.0	cost_id	code_type	unit	rating	description	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenorm	standard_chargescounted_cash	payee_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes				
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 UHC	87.72	25.02 UHC	Medicaid	17.41								83.33 fee schedule					
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 Corrections	87.72	25.02 Corrections	Corrections	79.18								83.33 percent of total billed charges					
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 Multisun	87.72	25.02 Multisun	Multisun	79.18								83.33 percent of total billed charges					
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 Three Rivers	87.72	25.02 Three Rivers	Three Rivers	79.18								83.33 percent of total billed charges					
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 UHC	87.72	25.02 UHC	Medicaid	17.41								83.33 fee schedule					
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 First Trenton	87.72	25.02 First Trenton	First Trenton	79.95									83.33 percent of total billed charges				
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 Wellcare	87.72	25.02 Wellcare	Medicare	21.76									83.33 fee schedule				
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 Horizon	87.72	25.02 Horizon	NJ Health	12.07									83.33 fee schedule				
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 WellPay	87.72	25.02 WellPay	WellPay	27.23	31.04								83.33 percent of total billed charges				
BRK CHG INF AGNT DET IMANNOAENOVIRUS									2025-09-17	20.0								25.02 Managed Care Inc	87.72	25.02 Managed Care Inc	Managed Care Inc	79.95									83.33 percent of total billed charges				
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Wellcare	87.72	19.01 Wellcare	Medicare	12.07									86.24 percent of total billed charges				
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Aetna	87.72	19.01 Aetna	Better Health	27.83	30.44								86.24 fee schedule				
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Amerihealth	87.72	19.01 Amerihealth	Medicare	16.53										86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 First Trenton	87.72	19.01 First Trenton	First Trenton	81.7									86.24 percent of total billed charges				
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Wellcare	87.72	19.01 Wellcare	Medicaid	13.22										86.24 fee schedule			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Aetna	87.72	19.01 Aetna	Commercial	34.5	38									86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Aetna	87.72	19.01 Aetna	Medicare	16.53										86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Corrections	87.72	19.01 Corrections	Corrections	72.82										86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Horizon	87.72	19.01 Horizon	Intersun	34.75	38.28									86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Amerihealth	87.72	19.01 Amerihealth	HIADPPO	15.2										86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Horizon	87.72	19.01 Horizon	NJ Health	23.52			8.62							86.24 fee schedule			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 First Health	87.72	19.01 First Health	First Health	63.55	70									86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Multisun	87.72	19.01 Multisun	Multisun	72.82										86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Horizon	87.72	19.01 Horizon	MGD	34.75	38.28									86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Consumer	87.72	19.01 Consumer	Consumer	86.24											86.24 percent of total billed charges		
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Horizon	87.72	19.01 Horizon	PPO	34.75	38.28									86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Quakere	87.72	19.01 Quakere	Quakere	86.09											86.24 percent of total billed charges		
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Managed Care Inc	87.72	19.01 Managed Care Inc	Managed Care Inc	81.7											86.24 percent of total billed charges		
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Horizon	87.72	19.01 Horizon	Medicare Blue	27.23										86.24 percent of total billed charges			
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Three Rivers	87.72	19.01 Three Rivers	Three Rivers	86.24	95										86.24 percent of total billed charges		
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 UHC	87.72	19.01 UHC	Medicare	16.53											86.24 fee schedule		
BRK CHG IAADADOO STREPTOCOCCUS GROUP A									2025-09-17	20.0								19.01 Wellcare	87.72	19.01 Wellcare	Medicare	16.53											86.24 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Aetna	208.08	18.48 Aetna	Commercial	13.02				38						197.68 percent of total billed charges			
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Amerihealth	208.08	18.48 Amerihealth	HIADPPO	15.2										197.68 fee schedule			
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Aetna	208.08	18.48 Aetna	Medicare	16.07											197.68 fee schedule		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Aetna	208.08	18.48 Aetna	Better Health	63.34	30.44										197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 First Health	208.08	18.48 First Health	First Health	45.66											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Horizon	208.08	18.48 Horizon	MGD	79.95											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Amerihealth	208.08	18.48 Amerihealth	Amerihealth	16.07												197.68 percent of total billed charges	
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Multisun	208.08	18.48 Multisun	Multisun	72.82											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Corrections	208.08	18.48 Corrections	Corrections	16.46											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Wellcare	208.08	18.48 Wellcare	Medicare	14.59					21.34						197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Consumer	208.08	18.48 Consumer	Consumer	197.68											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Quakere	208.08	18.48 Quakere	Quakere	106.06											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 UHC	208.08	18.48 UHC	Medicaid	12.86											197.68 fee schedule		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 Horizon	208.08	18.48 Horizon	Medicare Blue	62.42											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5									2025-09-17	20.0								18.48 First Trenton	208.08	18.48 First Trenton	First Trenton	197.27											197.68 percent of total billed charges		
BRK CHG SENSITIVITY ORGANISM - RFLX #5																																			

description	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_code	unit_of_measurement	standard_chargelogs	standard_chargelogs_cash	payer_name	pln_name	standard_chargelogs_dollar	standard_chargelogs_percentage	standard_chargelogs_algorithm	estimated_amount	standard_charginum	standard_charginum	standard_charginum	standard_charginumtechnology	additional_generic_notes
code	date	id	name	number	date	code	unit	code	code	name	name	code	code	code						
BKR CHQ NFCT PHEXY RESIST TISS CUL HV FIRST 1-10 DRUGS	2025-07-17	21.0	University Hospital	1501919	true	07903	each	3032.46	160.83	Horizon	PPO	941.28	31.04		38.28	175.95	2886.84	percent of total billed charges	175.95	
BKR CHQ NFCT PHEXY RESIST TISS CUL HV FIRST 1-10 DRUGS	07903	CPT	both	3032.46	160.83	Horizon	WellPoint	941.28	31.04		38.28	175.95	2886.84	percent of total billed charges	175.95	2886.84	percent of total billed charges	175.95		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV FIRST 1-10 DRUGS	07903	CPT	both	3032.46	160.83	Horizon	Medicare Blue	941.28	31.04		38.28	175.95	2886.84	percent of total billed charges	175.95	2886.84	percent of total billed charges	175.95		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV FIRST 1-10 DRUGS	07903	CPT	both	3032.46	160.83	Horizon	Managed Care Inc	270.21	90		457.25	2886.84	percent of total billed charges	175.95	2886.84	percent of total billed charges	175.95			
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Three Rivers	280.84	95		280.84	percent of total billed charges	175.95	280.84	percent of total billed charges	175.95				
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	MD	38.3	38.28		38.28	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Better Health	280.84	95		0.74	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	NJ Health	28.05	20.86		20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86			
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Medicare	38.3	38.28		38.28	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	First Trienton	655.58	90		90	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	First Health	665.45	70		70	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	America	711.98	20.86		20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86			
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Commercial	38.3	38		38	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	UHC	26.07	20.86		95	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Consumer	903.11	95		32.12	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	LHC	0.86	20.86		20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86			
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Corrections	760.51	20.86		20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86			
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Wellcare	26.07	20.86		75	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Quintare	1.98	20.86		80	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	AmeriHealth	40.2	20.86		80	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	HMO/PPO	760.51	20.86		80	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	WellPoint	258.08	31.04		31.04	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Medicare Blue	285.19	30		30	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Medicare	20.86	20.86		20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86			
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Indemnity	38.3	38.28		38.28	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Medicare	38.3	38.28		38.28	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Managed Care Inc	855.58	90		90	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ NFCT PHEXY RESIST TISS CUL HV EA ADDL DRUG	07904	CPT	both	3032.46	160.83	Horizon	Three Rivers	903.11	95		95	20.86	903.11	percent of total billed charges	20.86	903.11	percent of total billed charges	20.86		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	AmeriHealth	Medicare	12.22	20.86		75	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Corrections	Corrections	79.15	80		80	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	AmeriHealth	Medicare	12.22	20.86		75	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	AmeriHealth	AmeriHealth	14.21	75		75	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	UHC	Medicare	12.22	20.86		75	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Aetna	Better Health	58.32	30.4		30.4	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	First Health	First Health	68.8	70		70	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Horizon	Medicare Blue	29.88	30		30	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Horizon	MD	37.87	38.28		38.28	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Horizon	NJ Health	15.56	978		978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978			
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	AmeriHealth	HMO/PPO	15.22	978		978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978			
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Consumer	Consumer	93.99	95		95	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Wellcare	Medicare	12.22	978		978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978			
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Aetna	Commercial	37.8	38		38	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	First Trienton	First Trienton	89.85	80		80	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Horizon	Indemnity	37.87	38.28		38.28	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	WellPoint	WellPoint	30.71	31.04		31.04	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Multplan	Multplan	79.15	80		80	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Horizon	PPO	37.87	38.28		38.28	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Quintare	Quintare	14.21	75		75	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Managed Care Inc	Managed Care Inc	80	80		80	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	UHC	Medicare	978	978		978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978			
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Three Rivers	Three Rivers	93.99	95		95	978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978		
BKR CHQ SALIDASE ENZYME ASSAY	07905	CPT	outpatient	9894	14.05	Wellcare	Medicare	978	978		978	93.99	percent of total billed charges	978	93.99	percent of total billed charges	978			
BKR CHQ NFCT ACT GN0TYP ALYS NUCLE ACD HIV OTHER REGION PHENOSENCE	07906	CPT	both	2342.94	148.04	Aetna	Medicare	128.73	72.52		72.52	2225.79	percent of total billed charges	72.52	2225.79	percent of total billed charges	72.52			
BKR CHQ NFCT ACT GN0TYP ALYS NUCLE ACD HIV OTHER REGION PHENOSENCE	07906	CPT	both	2342.94	148.04	Consumer	Consumer	225.79	95		95	2225.79	percent of total billed charges	72.52	2225.79	percent of total billed charges	72.52			
BKR CHQ NFCT ACT GN0TYP ALYS NUCLE ACD HIV OTHER REGION PHENOSENCE	07906	CPT	both	2342.94	148.04	AmeriHealth	Medicare	128.73	72.52		72.52	2225.79	percent of total billed charges	72.52	2225.79	percent of total billed charges	72.52			
BKR CHQ NFCT ACT GN0TYP ALYS NUCLE ACD HIV OTHER REGION PHENOSENCE	07906	CPT	both	2342.94	148.04	AmeriHealth	AmeriHealth	172.21	75		75	2225.79	percent of total billed charges	72.52	2225.79	percent of total billed charges	72.52			
BKR CHQ NFCT ACT GN0TYP ALYS NUCLE ACD HIV OTHER REGION PHENOSENCE	07906	CPT	both	2342.94	148.04	Corrections	Corrections	1874.35	80		80	2225.79	percent of total billed charges	72.52	2225.79	percent of total billed charges	72.52			
BKR CHQ NFCT ACT GN0TYP ALYS NUCLE ACD HIV OTHER REGION PHENOSENCE	07906	CPT	both	2342.94	148.04	AmeriHealth	HMO/PPO	37.1	72.52		72.52	2225.79	percent of total billed charges	72.52	2225.79	percent of total billed charges	72.52			
BKR CHQ NFCT ACT GN0TYP ALYS NUCLE ACD HIV OTHER REGION PHENOSENCE	07906	CPT	both	2342.94	148.04	First Health	First Health	1640.08	38.28		38.28	2225.79								











hospital_name	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	last_updated_on	version	description	unit_type	code_type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargedtoaccount_cash	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemsg	standard_chargemsgtechnology	additional_generic_notes
University Hospital	University Hosp 150 Bergen St	310119		2025-09-17	21.0	C0874	CPT					658.92		48.74 Three Rivers	Three Rivers	625.97	95		48.74	33.9	625.97	standard charge	
						8274	CPT					658.92		48.74 Managed Care	Managed Care Inc	593.03	90		48.74	33.9	625.97	standard charge	
						8274	CPT					658.92		48.74 Medicare	Medicare	42.38	33.9		48.74	33.9	625.97	fee schedule	
						8274	CPT					658.92		48.74 Medicare	Medicare	434.19	75		48.74	33.9	625.97	standard charge	
						8274	CPT					658.92		48.74 Medicare	Medicare	42.38	33.9		48.74	33.9	625.97	fee schedule	
						8274	CPT					658.92		48.74 WellPoint	WellPoint	261.53	31.04		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Aetna	Better Health	204.4	40.95		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Consumer	Consumer	871.13	95		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Americare	Americare	687.74	75		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Horizon	Medicare Blue	225.09	30		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Aetna	Medicare	51.19	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 Corrections	Corrections	733.58	80		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 First Trenton	First Trenton	618.28	90		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Quicare	Quicare	687.74	75		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Aetna	Commercial	348.45	40.95		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Horizon	MGD	51.02	38.28		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Amerihealth	HMO/PPD	55	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 UHC	Medicare	51.19	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 First Health	First Health	61.89	70		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 WellPoint	WellPoint	284.63	31.04		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Wellcare	Medicare	40.95	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 Wellcare	Medicare	51.19	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 Horizon	Indemnity	351.02	38.28		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Horizon	NU Health	14.59	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 Amerihealth	Medicare	51.19	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 Horizon	PPO	351.02	38.28		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 UHC	Medicaid	40.95	40.95		48.74	33.9	625.97	fee schedule	
						8275	CPT					658.92		48.74 Managed Care Inc	Managed Care Inc	825.28	90		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Multplan	Multplan	733.58	80		48.74	33.9	625.97	percent of total billed charges	
						8275	CPT					658.92		48.74 Three Rivers	Three Rivers	625.97	95		48.74	33.9	625.97	percent of total billed charges	
						8280	CPT					667.28		38.49 Amerihealth	Medicare	33.47	30		38.49	24.48	633.73	fee schedule	
						8280	CPT					667.28		38.49 First Trenton	First Trenton	603.37	80		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Aetna	Better Health	333.06	30.44		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Aetna	Commercial	253.49	38		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 First Health	First Health	406.96	70		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Horizon	Medicare Blue	30.17	30		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Aetna	Medicare	33.47	30		38.49	24.48	633.73	fee schedule	
						8280	CPT					667.28		38.49 Americare	Americare	503.71	75		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Horizon	PPO	255.56	38.28		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Wellcare	Medicare	33.47	30		38.49	24.48	633.73	fee schedule	
						8280	CPT					667.28		38.49 Consumer	Consumer	633.73	95		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Horizon	MGD	255.56	38.28		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Multplan	Multplan	533.68	80		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 WellPoint	WellPoint	147.68	31.04		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Corrections	Corrections	533.68	80		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Amerihealth	HMO/PPD	59.17	40.95		38.49	24.48	633.73	fee schedule	
						8280	CPT					667.28		38.49 Quicare	Quicare	593.71	75		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 UHC	Medicare	33.47	40.95		38.49	24.48	633.73	fee schedule	
						8280	CPT					667.28		38.49 Three Rivers	Three Rivers	75.7	30		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Three Rivers	Three Rivers	633.73	95		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Horizon	Indemnity	255.56	38.28		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 Managed Care Inc	Managed Care Inc	603.37	90		38.49	24.48	633.73	percent of total billed charges	
						8280	CPT					667.28		38.49 UHC	Medicaid	40.95	40.95		38.49	24.48	633.73	fee schedule	
						8280	CPT					667.28		38.49 Wellcare	Medicaid	26.78	30		38.49	24.48	633.73	fee schedule	
						8283	CPT					408		78.89 Consumer	Consumer	387.6	95		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 Aetna	Commercial	155.04	38		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 Aetna	Medicare	125.66	38.28		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 First Health	First Health	285.6	70		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 Horizon	Indemnity	156.18	38.28		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 Americare	Americare	306	30		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 Amerihealth	Medicare	68.6	40.95		78.89	68.6	387.6	fee schedule	
						8283	CPT					408		78.89 Aetna	Better Health	124.2	70.44		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 Horizon	Medicare Blue	124.2	30		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 Horizon	MGD	156.18	38.28		78.89	68.6	387.6	percent of total billed charges	
						8283	CPT					408		78.89 First Trenton	First Trenton	387.2	90		78.8				

description	unit	lcl_updated_on	lcl_updated_on_version	hospital_location_hospital_address_line_run_to	best_of_knowledge_and_belief	the_hospital_has_included_all_applicable_standard_charge_information_in	accordance_with_the_requirements_of_45_CFR_180.50	and_the_information_encoded_is_true	accurate_and_complete_as_of_the_date_indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/contracted_cash	payer_name	plan_name	standard_charged/negotiated_dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_charginm	standard_charginm	standard_charginm	standard_charginm	standard_charginm	standard_charginm	additional_generic_notes
2025-09-17	20.0	cost	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type	code/type
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Aetna	Commercial			101.18								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Aetna	Medicare			62								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	First Horizon	First Horizon			119.78								62					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Amerihealth	HMO/PPPO			80.23								65					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Amerihealth	Amerihealth			55.65								62					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Horizon	PPPO			119.97								75					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Amerihealth	Medicare			62								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Aetna	Commercial			375.69								30.44					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	UHC	Medicare			62								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Horizon	MGD			119.97								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Managed Care Inc	Managed Care Inc			90								90					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	First Health	First Health			80.94								70					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Corrections	Corrections			90.36								70					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Wellpoint	WellPoint			30.1								31.04					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Three Rivers	Three Rivers			1172.49								95					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Consumer	Consumer			1172.49								95					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Horizon	Indemnity			119.97								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Horizon	Medicare Blue			62								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Wellcare	Medicare			62								62					1172.49 other	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Multiplan	Multiplan			90.73								80					1172.49 percent of total billed charges	
BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH)	both	86299	CPT	both	both	1234.2	71.3	Qaircare	Qaircare			92.65								62					1172.49 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Corrections	Corrections			43.25								95					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Aetna	Better Health			16.46								16.09					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	First Health	First Health			37.84								70					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Horizon	Medicare Blue			28.42								9.2					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Amerihealth	Medicare			28.42								15.16					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Aetna	Medicare			28.42								11.53					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Aetna	Commercial			46.38								15.81					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Horizon	PPPO			54.99								17.57					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Horizon	MGD			54.99								16.99					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Amerihealth	HMO/PPPO			13.16								10.68					54.99 schedule	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Horizon	Indemnity			54.99								19.03					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Multiplan	Multiplan			43.25								13.16					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Wellcare	Medicare			13.34								16.32					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Amerihealth	Amerihealth			40.55								75					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Horizon	NJ Health			16.53								6.11					54.99 schedule	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Qaircare	Qaircare			48.33								13.16					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Wellcare	Medicare			28.42								2.83					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Consumer	Consumer			51.36								95					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	First Trenton	First Trenton			48.65								90					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Managed Care Inc	Managed Care Inc			48.65								90					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Three Rivers	Three Rivers			51.36								95					54.99 percent of total billed charges	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	UHC	Medicare			28.42								6.34					54.99 other	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	UHC	Medicaid			13.34								15.08					54.99 fee schedule	
BKR CHG LEVEL 1 SURGPATH GROSSMAX EXA	both	89300	CPT	both	both	54.06	80.00	Wellpoint	WellPoint			16.78								13.34					54.99 percent of total billed charges	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Consumer	Consumer			51.36								95					88.12 percent of total billed charges	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Amerihealth	Amerihealth			40.55								95					88.12 percent of total billed charges	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	HMO/PPPO	HMO/PPPO			20								20					88.12 schedule	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Aetna	Medicare			45.54								62					88.12 other	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	First Health	First Health			37.84								70					88.12 percent of total billed charges	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Amerihealth	Medicare			45.54								62					88.12 other	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Horizon	Medicare Blue			45.54								30.44					88.12 percent of total billed charges	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Aetna	Better Health			16.46								20.44					88.12 percent of total billed charges	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Managed Care Inc	Managed Care Inc			48.65								90					88.12 percent of total billed charges	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Horizon	Indemnity			88.12								14.6					88.12 other	
BKR CHG LEVEL 2 SURGPATH GROSSMAX EXA	both	89302	CPT	both	both	54.06	80.00	Corrections	Corrections			43.25								80					88.12 percent	







description	unit	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	code/type	category	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/collected_cash	payer_name	pln_name	pln_address	standard_charging/negotiated_dollar	standard_charging/negotiated_percentage	standard_charging/negotiated_algorithm	estimated_amount	standard_charginin	standard_charginin	standard_charginin	standard_charginin	additional_generic_notes	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	both	both			169.32		Aetna	Medicare		52.15	30.8						49.57	160.85 percent of total billed charges	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		Multplan	Multplan		136.46	80						49.57	160.85 percent of total billed charges	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		Horizon	Medicare Blue		50.8	30						49.57	160.85 percent of total billed charges	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		Managed Care Inc	Managed Care Inc		162.39	90						49.57	160.85 percent of total billed charges	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		Horizon	Quicare		164.22	28.28						49.57	160.85 percent of total billed charges	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		Horizon	NJ Health		156.99	92						49.57	160.85 percent of total billed charges	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		LHC	Medicaid		62.21							49.57	160.85 fee schedule	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		WellPoint	WellPoint		52.56	31.04						49.57	160.85 percent of total billed charges	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		Wellcare	Medicaid		53.17							49.57	160.85 fee schedule	
BKR CHQ IMMUNOFLUORES ADD BLOCK EA		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			169.32		Three Rivers	Wellcare		60.65	95						49.57	160.85 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Multplan	Multplan		607.92	80						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Horizon	PPO		364.74	45.6						37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Americare	Americare		619.93	75						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Aetna	Commercial		324.49			104.9				37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Aetna	Medicare		198.83							37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Horizon	NJ Health		184.24			54.2				37.1	721.91 fee schedule	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Amerihealth	Medicare		198.83							37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Aetna	Better Health		231.31	30.44						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Quicare	Quicare		619.93	75						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Amerihealth	HMO/PPO		37.1							37.1	721.91 fee schedule	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Horizon	Wellcare		364.74			71.95				37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 First Health	First Health		531.93							37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Consumer	Consumer		721.91	95						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Horizon	Indemnity		284.74							37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Horizon	Medicare Blue		198.83			21.53				37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 First Trenton	First Trenton		663.91	90						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 LHC	Medicaid		97.98			89.52				37.1	721.91 fee schedule	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Managed Care Inc	Managed Care Inc		663.91	90						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 WellPoint	WellPoint		228.67	31.04			62.16			37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Three Rivers	Three Rivers		271.91	95						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Corrections	Corrections		607.92	80						37.1	721.91 percent of total billed charges	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Wellcare	Medicare		198.83							37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 LHC	Medicare		198.83			46.16				37.1	721.91 other	
BKR CHQ QUANTITREQUANT IM HISTOCHEM E		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	CPT	both			799.9		228.65 Wellcare	Medicaid		97.98							37.1	721.91 fee schedule	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Consumer	Consumer		497.1	95						37.1	807.65 percent of total billed charges	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Amerihealth	Medicare		417.39								37.1	807.65 other
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 LHC	Medicare		417.39								37.1	807.65 other
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Amerihealth	HMO/PPO		37.1								37.1	807.65 fee schedule
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Aetna	Commercial		661.18								37.1	807.65 other
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Aetna	Better Health		192.28	30.44						37.1	807.65 percent of total billed charges	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 First Trenton	First Trenton		420.23	78						37.1	807.65 percent of total billed charges	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 First Health	First Health		366.28	70						37.1	807.65 percent of total billed charges	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Horizon	NJ Health		184.24	80						37.1	807.65 fee schedule	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Corrections	Corrections		616.61	90						37.1	807.65 percent of total billed charges	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 WellPoint	WellPoint		162.42	31.04						37.1	807.65 percent of total billed charges	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Wellcare	Medicare		417.39							37.1	807.65 other	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Aetna	Medicare		417.39							37.1	807.65 other	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Horizon	Medicare Blue		417.39							37.1	807.65 other	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Horizon	Indemnity		807.65							37.1	807.65 other	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Wellcare	Medicaid		97.1							37.1	807.65 fee schedule	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Horizon	PPO		807.65							37.1	807.65 other	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Americare	Americare		424.25	75						37.1	807.65 percent of total billed charges	
BKR CHQ MORP ANALYSIS TUMOR IHC COMP		2025-07-17	21.0	University Hospital	University Hops 150 Bergen St	31019	ncpt	ncpt			532.26		480 Managed Care Inc	Managed Care Inc		470.93	90		</						





description	unit	last_updated_on	version	hospital_location	address_line_one	city	state	zip	country	id	type	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsg	standard_chargemsg_cskn	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginm	standard_charginms	standard_charginmology	additional_generic_notes
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	Multilan	1528.82						outpatient								80			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	American	American	1431.39					outpatient								75			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	Horizon	PPO	702.08					outpatient								38.28			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	Horizon	MGD	702.08					outpatient								38.28			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	Three Rivers	Three Rivers	572.56					outpatient								95			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	Wellcare	Wellcare	580.95					outpatient								30.44			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	Managed Care Inc	Managed Care Inc	1717.67					outpatient								90			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	Quaire	Quaire	1431.39					outpatient								75			572.56				
HC RSV MONOCLONAL ANTI SEASONAL DOSE 1 ML M USE	90381	CPT	1908.2	LHC	Medicaid	580.95					outpatient								30.44			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	WellParnt	WellParnt	592					both								10.44			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	Commercial	Commercial	134.77					both								42.58			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Amerihealth	HMO/PRO	161.77					both								65			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Horizon	Medicare Blue	62.28					both								31.47			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Corrections	Corrections	19.1					both								80			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Aetna	Medicare	76.66					both								30.8			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Horizon	Indemnity	109.79					both								63.58			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Horizon	MGD	69.79					both								60.36			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Aetna	Better Health	75.76					both								30.44			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 American	American	186.86					both								75			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 American	Medicare	62.56					both								14.42			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 LHC	Medicare	62.56					both								30.71			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 First Health	First Health	714.22					both								95			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Consumer	Consumer	236.44					both								70			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 First Trenton	First Trenton	223.99					both								90			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Horizon	NJ Health	49.59					both								17.97			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Horizon	PPO	159.79					both								57.66			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Multilan	Multilan	199					both								80			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Managed Care Inc	Managed Care Inc	203.99					both								90			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Wellcare	Medicare	62.58					both								31.29			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 LHC	Medicaid	75.76					both								30.44			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Quaire	Quaire	69.66					both								64			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Wellcare	Medicaid	75.76					both								30.44			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 Three Rivers	Three Rivers	236.44					both								63.07			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90471	PT	248.88	94.97 WellParnt	WellParnt	77.52					both								31.8			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Aetna	Medicare	53.72					both								2.24			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Multilan	Multilan	130.54					both								80			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Horizon	MGD	167.77					both								38.28			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Wellcare	Medicaid	53.09					both								30.44			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Indemnity	Indemnity	167.77					both								28.11			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Quaire	Quaire	130.82					both								75			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	First Health	First Health	120.29					both								70			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Aetna	Better Health	53.09					both								35.19			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	American	American	130.82					both								75			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	WellParnt	WellParnt	54.14					both								31.04			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Horizon	PPO	39.77					both								39.28			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Aetna	Commercial	66.28					both								38			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Amerihealth	HMO/PRO	113.37					both								65			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Corrections	Corrections	19.54					both								14.09			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Horizon	NJ Health	38.71					both								6.82			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Consumer	Consumer	167.7					both								95			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	LHC	Medicaid	53.09					both								30.44			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	First Trenton	First Trenton	156.98					both								90			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Horizon	Medicare Blue	52.33					both								6.24			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Managed Care Inc	Managed Care Inc	156.98					both								90			572.56				
HC IMMUNIZATION ADMIN 1 VACCINE	90472	PT	174.42	Three Rivers	Three Rivers	167.7					both								95			572.56				
HC IMMUNE ADMIN ORAL/NSAL	90473	PT	252.96	94.97 Aetna	Better Health	77					both								30.44			572.56				
HC IMMUNE ADMIN ORAL/NSAL	90473	PT	252.96	94.97 Consumer	Consumer	240.31					both								95			572.56				
HC IMMUNE ADMIN ORAL/NSAL	90473	PT	252.96	94.97 Horizon	Medicare Blue	62.58					both								65			572.56				
HC IMMUNE ADMIN ORAL/NSAL	90473	PT	252.96	94.97 American	American	144.42					both								90			572.56				
HC IMMUNE ADMIN ORAL/NSAL	90473	PT	252.96	94.97 First Trenton	First Trenton	227.66					both								65			572.56				
HC IMMUNE ADMIN ORAL/NSAL	90473	PT	252.96	94.97 American	Medicare	62.58					both								77			572.56				
HC IMMUNE ADMIN ORAL/NSAL	904																									



hospital_name	hospital_location	hospital_address	license_number	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	last_updated_on	version	status	description	unit	rate	charge_type	unit_of_measurement	charge_type_of_measurement	standard_charge_group	standard_charge_group_id	cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_group	standard_charge_group_id	standard_charge_group_id	standard_charge_group_id	standard_charge_group_id	standard_charge_group_id	additional_generic_notes						
University Hospital	1901	1901	1901	1901	2025-09-17	20.0	True	University Hospital	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901	1901							
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Amneal	Medicare	22.35													38.28														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Horizon	MCO	25.51													59.66														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	First Tention	First Tention	22.35													70														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	First Health	First Health	100.78													19.66														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	UHC	Medicare	22.35																											
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Consumer	Medicare	156.77													95														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Managed Care Inc	Managed Care Inc	120.97													90														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Horizon	Indemnity	55.11													38.28														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	United	Oxford	32.89													29.41														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Corrections	Corrections	115.18													90														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Horizon	PRO	55.11													38.28														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Wellcare	Medicaid	43.82													30.44														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Multiple	Multiple	115.18													30.44														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Three Rivers	Three Rivers	29.77													6.79														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	UHC	Medicaid	43.82													30.44														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	United	Commercia	32.89													14.23														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	Wellcare	Medicaid	43.82													23.95														
HC IVIG VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90566	CPT	both	14397	27	WellPart	WellPart	44.69													31.04														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Aetna	Commercial	102.79												38															
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Aetna	Medicare	83.49													73.24														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Aetna	Better Health	11.86													30.44														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Corrections	Corrections	29.77													90														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Horizon	Indemnity	102.95													38.28														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	First Health	First Health	188.25													70														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Amerihealth	HMO/PRO	44.6													44.6														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Consumer	Consumer	255.48													95														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Americare	Americare	20.7													75														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Horizon	MCO	69.95													38.28														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Amerihealth	Medicare	83.49													102.26														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Horizon	Medicare Blue	80.88													46.6														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	WellPart	WellPart	83.48													31.04														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Wellcare	Medicare	69.95													46.6														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	First Tention	First Tention	202.04													46.6														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Three Rivers	Three Rivers	29.77													46.6														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Multiple	Multiple	215.14													44.6														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Horizon	PRO	102.95													77.91														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Managed Care Inc	Managed Care Inc	83.49													38.28														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	UHC	Medicare	83.49													51.58														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Quintare	Quintare	20.7													44.6														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	United	Commercia	189.01													61.73														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	Wellcare	Medicaid	18.86													30.44														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	United	Oxford	44.6													121.03														
HC IV VACCINE PRESERV FREE INCREASED AG CONTENT IM	9062	CPT	both	26833	90.02	UHC	Medicaid	11.86													30.44														
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98	266.69	Aetna	Medicare	27.99												18.11															
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98	266.69	Consumer	Consumer	614.13													95														
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98	266.69	Americare	Americare	642.74													75														
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98	266.69	Aetna	Better Health	206.86													30.44														
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98	266.69	First Tention	First Tention	771.28													90														
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98	266.69	First Health	First Health	589.89													70														
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98	266.69	Horizon	MCO	382.05													38.28														
HC IPV19 VACCINE FOR INTRAMUSCULAR USE	90670	CPT	both	856.98</																															







hospital_name	hospital_location	hospital_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	last_updated_on	version	codeid	codeid_type	unit	pricing	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscountrc_cash	payor_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginetm	standard_chargemsg	standard_chargemsgtechnology	additional_generic_notes	
University Hospital	Hopewell	1901 Hopewell	190119	2025-09-17	2.0.0	00001	OT	00001	OT			614.66		Quairax	Quairax		75		203.91			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Quairax	First Trenton	737.35			203.91			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Aetna	Better Health	249.39			203.91			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Aetna	Medicare	252.34			30.8			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Commerical	Commerical	654.62			0			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Aenehealth	HKOPPO	203.91			0			778.32	fee schedule	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		First Health	First Health	573.5			70			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Horizon	Horizon	313.62			38.28			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		WellPoint	WellPoint	234.3			31.04			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		UHC	Medicaid	249.39			30.44			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Indersity	Horizon	313.62			38.28			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Horizon	Horizon	245.78			30			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Horizon	PPO	313.62			38.28			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Managed Care Inc	Managed Care Inc	217.35			90			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Three Rivers	Three Rivers	778.32			95			778.32	percent of total billed charges	
HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE				007376	CPT	007376	OT	007376	OT			614.66		Wellcare	Medicaid	249.39			30.44			778.32	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		First Trenton	First Trenton	924.46			90			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Corrections	Corrections	844.86			90			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Aenehealth	HKOPPO	204.44			20.44			1003.27	fee schedule	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Aetna	Medicare	425.27			30.8			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		First Health	First Health	739.25			70			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Commerical	Commerical	513.73			38			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Horizon	MD	434.26			38.28			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Aetna	Better Health	331.47			30.44			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Managed Care Inc	Managed Care Inc	924.46			90			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Multplan	Multplan	844.86			80			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Wellcare	Medicaid	321.47			30.44			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Americanare	Americanare	925.25			75			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Horizon	Indersity	434.26			38.28			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Quairax	Quairax	792.95			75			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		WellPoint	WellPoint	377.4			31.04			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Consumer	Consumer	1003.27			95			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		UHC	Medicaid	331.47			30.44			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Horizon	Medicare Blue	434.26			30			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Horizon	PPO	434.26			38.28			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Three Rivers	Three Rivers	778.32			95			1003.27	percent of total billed charges	
HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM				1056.07	CPT	1056.07	OT	1056.07	OT			1056.07		Corrections	Corrections	513.63			65			1003.27	percent of total billed charges	
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Corrections	90739		Aenehealth	HKOPPO	241.26			102.14			162.63	515 percent of total billed charges	
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Aenehealth	90739		HKOPPO	241.26			102.14			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Aetna	90739		Aetna	206			38			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Aetna	90739		Better Health	165.02			30.44			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	First Trenton	90739		First Trenton	487.9			90			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Horizon	90739		Horizon	321.72			38.28		174.4	162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Aetna	90739		Wellcare	177.56			162.63			162.63	515 fee schedule		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Americanare	90739		Americanare	408.58			75			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Horizon	90739		PPO	430.52			38.28		133.33	162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	UHC	90739		Medicaid	165.02			30.44			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Aenehealth	90739		Medicare	177.56			162.63			162.63	515 fee schedule		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Multplan	90739		Multplan	430.69			80			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Managed Care Inc	90739		Managed Care Inc	487.9			95			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Consumer	90739		Consumer	315			95			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	First Health	90739		First Health	331.47			70			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Quairax	90739		Quairax	408.58			75			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Three Rivers	90739		Three Rivers	515			95			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE				90739	CPT	90739	OT	90739	OT	24.19	Horizon	90739		Medicare Blue	162.63			30			162.63	515 percent of total billed charges		
HC HEPA VACCINE ADULT 24 DOSE SCHEDULE FOR IM USE		</																						



university_name	hospital_location	hospital_address	hospital_license	hospital_license_status	hospital_license_expiry	hospital_license_type	hospital_license_subtype	hospital_license_category	hospital_license_subcategory	hospital_license_modifier	hospital_license_measurement	hospital_license_type_of_measurement	hospital_license_standard_charges	hospital_license_standard_charges_included_cash	hospital_license_patient_name	hospital_license_plan_name	hospital_license_standard_charges_negotiated_dollar	hospital_license_standard_charges_negotiated_percentage	hospital_license_standard_charges_negotiated_algorithm	hospital_license_standard_charges_amount	hospital_license_standard_charges_in	hospital_license_standard_charges_out	hospital_license_standard_charges_includes_pharmacology	hospital_license_additional_generic_notes
University Hospital	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	1001 University Ave	
HC GROUP PSYCHOTHERAPY	99833	CPT	99833	outpatient	254.58	123.43	WellPoint	WellPoint	88.33	31.04	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	
HC GROUP PSYCHOTHERAPY	99833	CPT	99833	outpatient	254.58	123.43	Consumer	Consumer	273.35	95	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	
HC GROUP PSYCHOTHERAPY	99833	CPT	99833	outpatient	254.58	123.43	Medicare	Medicare	273.35	95	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	
HC GROUP PSYCHOTHERAPY	99833	CPT	99833	outpatient	254.58	123.43	Horizon	NJ Health	273.35	95	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	
HC GROUP PSYCHOTHERAPY	99833	CPT	99833	outpatient	254.58	123.43	Three Rivers	Three Rivers	273.35	95	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	
HC GROUP PSYCHOTHERAPY	99833	CPT	99833	outpatient	254.58	123.43	Wellcare	Medicaid	86.63	30.44	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	27.5	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Wellcare	Medicaid	92.53	30.44	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	First Health	NJ Health	292.77	30.44	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Aetna	Better Health	92.53	30.44	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Horizon	PPO	116.36	38.28	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Aetna	Commercial	115.5	38	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Three Rivers	Three Rivers	289.76	95	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Anerhealth	HMO/PPPO	119.27	65	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Aetna	Medicare	93.62	30.8	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Consumer	Consumer	289.76	95	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Horizon	MGD	116.36	38.28	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Horizon	Indemnity	116.36	38.28	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Multplan	Multplan	243.77	80	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Corrections	Corrections	116.37	41.0	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	LHC	Medicaid	92.53	30.44	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Horizon	Medicare Blue	91.19	30	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	First Trenton	First Trenton	273.56	90	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Qualcare	Qualcare	227.97	75	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	NJ Health	NJ Health	32.05	11.4	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	WellPoint	WellPoint	84.35	31.04	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC PT BOEFEBACK TRAINING ANY MODALITY	99901	CPT	99901	both	303.96	Managed Care Inc	Managed Care Inc	273.56	90	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	32.05	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	LHC	Medicaid	89.67	30.44	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	First Health	First Health	199.21	70	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Anerhealth	Anerhealth	210.98	75	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Aetna	Medicare	81.15	29.6	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	First Trenton	First Trenton	254.7	90	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Aetna	Better Health	80.67	30.44	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Aetna	Commercial	132.92	46.7	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Horizon	NJ Health	115.35	41.0	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Wellcare	Medicaid	81.13	29.6	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	LHC	Medicaid	91.19	30	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Consumer	Consumer	296.07	95	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Corrections	Corrections	229.15	80	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Anerhealth	Medicare	81.13	29.6	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Anerhealth	HMO/PPPO	135	46.7	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Managed Care Inc	Managed Care Inc	254.7	90	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Multplan	Multplan	281.95	100	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Horizon	Indemnity	157.13	55	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Wellcare	Medicaid	89.67	30.44	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Horizon	MGD	157.13	55	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER OHP	99326	CPT	99326	both	287.44	933.69	Qualcare	Qualcare	210.98	75	155	155	155	155	155	155	155	155	155	155	155	155	155	
HC HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN																								















description	unit	lat_updated	on_version	hospital_location	address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargeminimum	standard_chargemaximum	additional_generic_notes
code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Aetna Commercial									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Consumer Commercial			95						40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 American Health Medicare									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Aetna Better Health Medicare			30.44						40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 American Health Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 First Health First Health Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 UHC Medicare									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 American Health Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 First Health First Health Medicare									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 First Trenton First Trenton Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Horizon Medicare									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Multilan Multilan Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Wellcare Wellcare Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Wellcare Wellcare Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Horizon PPO Medicare									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Quakere WellPart Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Wellcare WellPart Medicare									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Horizon MGD Medicare									40.19	417.5 other
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Horizon NJ Health Medicare									40.19	417.5 schedule
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Managed Care Inc. Managed Care Inc. Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 Three Rivers Three Rivers Medicare									40.19	417.5 percent of total billed charges
HC ELECTRO-OCULOGRAHY WINTERPRETATION & REPORT	CPT	92270	24.1							439.47		172.01 UHC Medicare									40.19	417.5 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Aetna Commercial									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 American Health Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Aetna Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 American Health HMO/PO Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 American Health Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 First Trenton First Trenton Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Aetna Better Health Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 First Health First Health Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Three Rivers Three Rivers Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon MGD Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Corrections Corrections Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 UHC Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon NJ Health Medicare									137.86	515.51 schedule
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 American Health Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon Consumer Commercial									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon Indemnity Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon PPO Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Managed Care Inc. Managed Care Inc. Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 UHC Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 WellPart WellPart Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Quakere WellPart Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Multilan Multilan Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 WellPart WellPart Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon Medicare									137.86	515.51 schedule
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Corrections Corrections Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 UHC Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon NJ Health Medicare									137.86	515.51 schedule
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 American Health Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon Consumer Commercial									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon Indemnity Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon PPO Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Managed Care Inc. Managed Care Inc. Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 UHC Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 WellPart WellPart Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Quakere WellPart Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Multilan Multilan Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 WellPart WellPart Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon Medicare									137.86	515.51 schedule
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Corrections Corrections Medicare									137.86	515.51 percent of total billed charges
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 UHC Medicare									137.86	515.51 other
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77 Horizon NJ Health Medicare									137.86	515.51 schedule
HC MULTI-FOC ERG W IRR	outpatient	92274	24.1							542.64		288.77										









University Hospital		last_updated_on	20.0	hospital_location_address_license_num	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	category	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs/cash	payer_name	plan_name	standard_charging/negotiated_dollar	standard_charging/negotiated_percentage	standard_charging/negotiated_algorithm	estimated_amount	standard_charginm	standard_charginm3x	standard_charginm3x	standard_charginm3x	additional_generic_notes
description	code	2025-09-17	20.0	University Hosp 150 Bergen St			code/type																
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Americare	Americare	54.86	75		54.86	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 First Health	First Health	58.54	80		58.54	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Correcticons	Correcticons	91.18	70		91.18	25	39.12			133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Amerihealth	Medicare	68.92			68.92	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Wellpoint	PPG	103.36			103.36	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Qualcare	Qualcare	94.86	70		94.86	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Wellcare	Medicaid	36.5	25		36.5	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Consumer	Consumer	120.16	95		120.16	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 First Trenton	First Trenton	113.83	90		113.83	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 LHC	Medicare	38.4	25		38.4	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 WellPoint	WellPoint	39.28	31.04		39.28	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Horizon	Medicare Blue	68.92			68.92	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Horizon	Indemnity	43.36			43.36	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 LHC	Medicare	68.92			68.92	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Managed Care Inc	Managed Care Inc	90	90		90	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Horizon	MGD	103.36			103.36	25				133.36 percent of total billed charges
HC STENGER TEST PURE TONE	92566	CPT	both								126.48		79.26 Three Rivers	Three Rivers	120.16	95		120.16	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		79.26 Wellcare	Medicare	68.92			68.92	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Horizon	Medicare Blue	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Americare	Americare	312.12	75		312.12	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Amerihealth	Medicare	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Aetna	Better Health	126.68	30.44		126.68	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 First Health	First Health	291.31	70		291.31	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Aetna	Commercial	74.32			74.32	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Aetna	Medicare	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 LHC	Medicaid	126.68	30.44		126.68	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Horizon	NI Health	106.62			106.62	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Amerihealth	HMO/PPG	25			25	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Correcticons	Correcticons	329.93	80		329.93	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Consumer	Consumer	395.36	80		395.36	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Horizon	MGD	88.12			88.12	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Muljian	Muljian	323.93	80		323.93	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 First Trenton	First Trenton	314.54	80		314.54	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Horizon	Indemnity	88.12			88.12	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 LHC	PPG	161.62			161.62	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Wellcare	Medicare	45.4	75		45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Wellcare	Medicare	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Managed Care Inc	Managed Care Inc	314.54	80		314.54	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 WellPoint	WellPoint	129.18	31.04		129.18	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Three Rivers	Three Rivers	395.36	95		395.36	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 LHC	Medicare	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Wellcare	Medicaid	126.68	30.44		126.68	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Aetna	Commercial	74.32			74.32	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Consumer	Consumer	395.36	95		395.36	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 First Trenton	First Trenton	314.54	80		314.54	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Correcticons	Correcticons	323.93	80		323.93	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Americare	Americare	312.12	75		312.12	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 First Health	First Health	291.31	70		291.31	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 LHC	Medicare	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Aetna	Better Health	126.68	30.44		126.68	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Aetna	Medicare	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Three Rivers	Three Rivers	395.36	95		395.36	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Horizon	Indemnity	88.12			88.12	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 LHC	Medicare Blue	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Amerihealth	HMO/PPG	25			25	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Muljian	Muljian	323.93	80		323.93	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Managed Care Inc	Managed Care Inc	314.54	80		314.54	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 WellPoint	WellPoint	129.18	31.04		129.18	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Three Rivers	Three Rivers	395.36	95		395.36	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 LHC	Medicare	45.4			45.4	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Wellcare	Medicaid	126.68	30.44		126.68	25				133.36 percent of total billed charges
HC TYPANOMETRY	92567	CPT	both								126.48		92.37 Aetna	Commercial	74.32			74.32	25				133.36 percent of total billed charges
HC TYPAN																							











hospital_name	hospital_location_address_line_num10	hospital_address_line_num10	best_of_knowledge_and_belief	hospital_included_applicable_standard_charge_information	in accordance with the requirements of 45 CFR 180.50	and the information encoded is true	accurate	and complete as of the date indicated	
university_hospital	2025-09-17	21.0	cost_type	description	unit	rating	status	effective_date	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Aneurysm	75	1620.68	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Coronctions	Corrections	1592.179	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Aneurysm	Aneurysm	6615.59	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Atria	Medicare	6615.59	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Aneurysm	Medicare	2000	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Multiflan	Mulflan	1591.179	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Atria	Commercial	1076.64	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Atria	Better Health	6092.24	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Three Rivers	Three Rivers	1997.13	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 First Trenton	First Trenton	1792.02	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Horizon	Horizon	1615.59	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Consumer	Consumer	1997.13	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 First Health	First Health	1997.13	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Quaker	Quaker	1493.68	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 UHC	Medicare	6615.59	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Horizon	MID	1280.17	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 UHC	Medicaid	628.24	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Horizon	Indemnity	1280.17	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Wellcare	Medicaid	6092.24	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Horizon	NJ Health	47.23	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 United	Oxford	4843.06	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Horizon	PPG	1280.17	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Wellcare	Medicare	6615.59	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 Managed Care Inc	Managed Care Inc	1792.02	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 United	CommerciaPPD	4843.06	447.23	
HC PRD CARDIAC ANGIOPLAST 1 ART	92920	CPT	both	92920	7607.93 WellPart	WellPart	6177.66	447.23	
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	UHC	Medicaid	165.24	30.44
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Aetna	Better Health	165.24	30.44
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Horizon	Medicare Blue	153	30
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	UHC	Medicaid	165.24	30.44
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Aetna	Medicare	165.24	30.44
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	First Health	Consumer	97	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Consumer	Consumer	484.5	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	United	Oxford	4843.06	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Horizon	MID	97.3	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	First Trenton	First Trenton	459	90
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Aetna	Commercial	158.3	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	WellPart	WellPart	158.3	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	American	American	382.5	110.4
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Horizon	PPG	195.23	38.28
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Corrections	Corrections	408	80
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Three Rivers	Three Rivers	484.5	80
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Wellcare	Medicare	165.24	30.44
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	United	CommerciaPPD	4843.06	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Horizon	Indemnity	165.23	38.28
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Aneurysm	HMO/PPD	2000	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Managed Care Inc	Managed Care Inc	459	90
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Mulflan	Mulflan	408	153
HC PRD TRILMIL CORONARY ANGIOPLASTY ADOL BRANCH	92921	CPT	both	92921	510	Quaker	Quaker	382.5	75
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 First Health	First Health	2659.37	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Mulflan	Mulflan	3035.57	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	MID	2546.07	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aneurysm	Medicare	1318.69	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Atria	Better Health	1318.69	30.44	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Atria	Medicare	1318.69	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Wellcare	Medicare	1318.69	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aetna	Commercial	2145.49	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 United	Oxford	6018.29	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Quaker	Quaker	2845.47	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 UHC	Medicare	1518.93	30.44	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Consumer	Consumer	3604.86	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 UHC	Medicare	1318.69	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Corrections	Corrections	3189.57	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 American	American	2845.47	75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	PPG	2546.07	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 First Trenton	First Trenton	3417.76	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 WellPart	WellPart	1177.18	110.4	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aneurysm	Medicare	2000	153	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	Medicare Blue	1318.69	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	Indemnity	2546.07	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	NJ Health	531.75	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Managed Care Inc	Managed Care Inc	6018.29	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Wellcare	Managed Care Inc	3417.76	90	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Wellcare	Medicare	1518.93	30.44	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Three Rivers	Three Rivers	3604.86	531.75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 American	American	2268.48	75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aneurysm	Medicare	1318.69	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aetna	Better Health	1318.69	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aetna	HMO/PPD	2000	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aetna	Commercial	2145.49	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	Medicare Blue	1318.69	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Corrections	Corrections	2179.71	80	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 First Health	First Health	2179.71	70	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Consumer	Consumer	2871.41	95	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 UHC	Medicare	1318.69	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Multiflan	Mulflan	2179.71	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	MID	2546.07	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Atria	Medicare	1318.69	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Wellcare	Medicare	1318.69	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	Indemnity	2546.07	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 UHC	Medicare	1620.38	30.44	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 First Trenton	First Trenton	2722.18	90	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 United	CommerciaPPD	4843.06	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Quaker	Quaker	2845.48	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 United	Oxford	4843.06	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Wellcare	Medicaid	920.38	30.44	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	PPG	2546.07	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	NJ Health	486.74	486.74	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 WellPart	WellPart	920.38	110.4	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Managed Care Inc	Managed Care Inc	2871.41	90	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Three Rivers	Three Rivers	2871.41	70	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 First Health	First Health	2179.71	80	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aetna	Commercial	1145.36	2000	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 WellPart	WellPart	930.173	31.04	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Corrections	Corrections	2179.71	80	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aetna	Better Health	920.38	30.44	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	Medicare Blue	907.39	30	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 American	American	2268.48	30.8	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Horizon	Indemnity	2268.48	75	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Mulflan	Mulflan	1159.99	38.28	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Aetna	Medicare	2179.71	80	
HC PRD CARD ANGIORECT 1 ART	92924	CPT	both	92924	1512.49 Wellcare	HMO/PPD	2000	2000	
HC PRD CARD ANGIORECT									

description	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	unit	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscountrcash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_chargin	standard_chargemin	standard_chargemethodology	additional_generic_notes	
code/line	2025-09-17	21.0	hospital	190191		unit	status	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line	code/line
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	United	Outfnd				4843.06		Outfnd					2000		2000	28731.41	case rate	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Consumer	Consumer				28731.41		Consumer					2000		2000	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Aetna	Better Health				30.44		Aetna					2000		2000	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	American	American				2268.48		American					2000		2000	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Aetna	Medicare				9309.19		Aetna					2000		2000	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Aetna	Commercial				11485.36		Aetna					2000		2000	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Aetna	HMO/PRO				2000		Aetna					2000		2000	28731.41	fee schedule	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Horizon	MCO				11569.99		Horizon					38.28		38.28	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	WellPoint	WellPoint				9381.73		WellPoint					31.04		31.04	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Corrections	Corrections				2419.71		Corrections					2000		2000	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	First Health	First Health				2157.25		First Health					70		70	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Wellcare	Medicaid				9200.38		Wellcare					30.44		30.44	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	LHC	Medicaid				9200.38		LHC					30.44		30.44	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Multiplan	Multiplan				2419.71		Multiplan					80		80	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	United	CommerciaPPO				4843.06		United					2000		2000	28731.41	case rate	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Horizon	Medicare Blue				9007.39		Horizon					30		30	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	First Trenton	First Trenton				27202.18		First Trenton					2000		2000	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Quakere	Quakere				2268.48		Quakere					75		75	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Horizon	Indemnity				11569.99		Horizon					38.28		38.28	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Horizon	PPO				11569.99		Horizon					38.28		38.28	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Managed Care Inc	Managed Care Inc				27202.18		Managed Care Inc					90		90	28731.41	percent of total billed charges	
HC PRD CARD STENTATHANGIO	92934	CPT	inpatient	30224.64	Three Rivers	Three Rivers				28731.41		Three Rivers					95		95	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	First Health	First Health				2157.25		First Health					95.15		95.15	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Consumer	Consumer				28731.41		Consumer					95.15		95.15	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Aetna	Medicare				9309.19		Aetna					95.15		95.15	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Aetna	Commercial				11485.36		Aetna					95.15		95.15	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Aetna	Better Health				9000.38		Aetna					30.44		30.44	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Horizon	NJ Health				65.15		Horizon					95.15		95.15	28731.41	fee schedule	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	First Trenton	First Trenton				27202.18		First Trenton					90		90	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	American	American				2268.48		American					95.15		95.15	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Multiplan	Multiplan				2419.71		Multiplan					95.15		95.15	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Horizon	Indemnity				11569.99		Horizon					38.28		38.28	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Aetna	HMO/PRO				2000		Aetna					95.15		95.15	28731.41	fee schedule	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Corrections	Corrections				2419.71		Corrections					80		80	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Horizon	PPO				11569.99		Horizon					38.28		38.28	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Quakere	Quakere				2268.48		Quakere					75		75	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Horizon	MCO				11569.99		Horizon					38.28		38.28	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Horizon	Medicare Blue				9007.39		Horizon					30		30	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Managed Care Inc	Managed Care Inc				27202.18		Managed Care Inc					90		90	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	WellPoint	WellPoint				9381.73		WellPoint					31.04		31.04	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	LHC	Medicaid				9200.38		LHC					30.44		30.44	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Three Rivers	Three Rivers				28731.41		Three Rivers					95		95	28731.41	percent of total billed charges	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	United	CommerciaPPO				4843.06		United					95.15		95.15	28731.41	case rate	
HC PRD CARD REVAS M I VSL	92941	CPT	inpatient	30224.64	Horizon	Medicare				4843.06		Horizon					30.44		30.44	28731.41	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Aetna	Commercial			589.67		Aetna					116		116	1835.46	other	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	LHC	Medicare			30.12		LHC					208.84		208.84	1835.46	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	First Trenton	First Trenton			2923.25		First Trenton					90		90	1835.46	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	First Health	First Health			981.75		First Health					70		70	1835.46	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Consumer	Consumer			1328.38		Consumer					70		70	1835.46	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Aetna	Better Health			30.44		Aetna					116		116	1835.46	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Aetna	Medicare			30.12		Aetna					116		116	1835.46	other	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Aetna	HMO/PRO			165		Aetna					116		116	1835.46	fee schedule	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Aetna	Commercial			1051.88		Aetna					75		75	1835.46	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	WellPoint	WellPoint			435.34		WellPoint					31.04		31.04	1835.46	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Horizon	MCO			689.15		Horizon					116		116	1835.46	other	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Horizon	NJ Health			18.2		Horizon					92.48		92.48	1835.46	fee schedule	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Horizon	Medicare			1328.38		Horizon					95		95	1835.46	percent of total billed charges	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Three Rivers	Three Rivers			31.12		Three Rivers					244.66		244.66	1835.46	other	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Corrections	Corrections			1122		Corrections					116		116	1835.46	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	United	CommerciaPPO			1835.46		United					116		116	1835.46	case rate	
HC HEARTLING RESUSCITATION CPR	92950	CPT	both	1402.5	415.52	Horizon	Medicare			189.15		Horizon					116		116	1835.46	other	



University Hospital	last_updated_on	version	hospital_location_address_line_runTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	codeid	codeidType	description	unit_of_measurement	charge_type_of_measurement	standard_chargelogs_cash	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginin	standard_charginin	standard_charginin	standard_charginin	standard_charginin	additional_genetic_tests		
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	2025-10-17	21.0	130119	93017	CPT	both			1171.98	415.52	WellPoint	363.78	31.04		366.87	150	1113.38	percent of total billed charges	150	1113.38	percent of total billed charges		
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Horizon	689.15			233.68	150	1113.38	other	150	1113.38	other	Page-specific negotiated charge calculated as a percent of the Medicare value	
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	LHC	381.32			161.6	150	1113.38	other	150	1113.38	other	Page-specific negotiated charge calculated as a percent of the Medicare value	
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Horizon	361.32			157.79	150	1113.38	other	150	1113.38	other	Page-specific negotiated charge calculated as a percent of the Medicare value	
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Wellcare	381.32			161.6	150	1113.38	other	150	1113.38	other	Page-specific negotiated charge calculated as a percent of the Medicare value	
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Horizon	695.15			1.1	150	1113.38	other	150	1113.38	other	Page-specific negotiated charge calculated as a percent of the Medicare value	
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Three Rivers	1113.38			95	150	1113.38	percent of total billed charges	150	1113.38	percent of total billed charges		
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Horizon	1004.79			99	150	1113.38	other	150	1113.38	other	Page-specific negotiated charge calculated as a percent of the Medicare value	
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Wellcare	366.75			30.44	150	1113.38	percent of total billed charges	150	1113.38	percent of total billed charges		
HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG TRACING ONLY	93017	CPT	both						1171.98	415.52	Wellpoint Managed Care Inc	1004.79			90	150	1113.38	percent of total billed charges	150	1113.38	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Aetna	Commercial	14.08			30.44	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Aetna	Commercial	17.58			38	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Anerhealth	HMO/PRO	30.07			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	First Trenton	First Trenton	41.63			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Consumer	Consumer	43.95			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	First Health	First Health	32.38			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Americare	Americare	34.7			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Horizon	PPO	17.71			38.28	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Horizon	Medicare Blue	13.88			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Aetna	Medicare	14.25			30.8	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Corrections	Corrections	27.01			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Managed Care Inc	Managed Care Inc	41.63			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Horizon	Indemnity	17.71			38.28	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Horizon	NJ Health	49.59			6.37	13.88	46.26	fee schedule	13.88	46.26	fee schedule		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Multplan	Multplan	37.01			13.88	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Three Rivers	Three Rivers	43.95			95	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Quicare	Quicare	34.7			75	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Horizon	MCO	17.71			38.28	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	Wellcare	Medicaid	14.08			30.44	150	46.26	percent of total billed charges	150	46.26	percent of total billed charges		
HC STRESS ENG (MUSE PRO FEE)	93018	CPT	both						46.26	LHC	Medicaid	14.08		14.31	13.88	46.26	percent of total billed charges	150	46.26	percent of total billed charges			
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Aetna	Medicare	214.9			30.8	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	First Trenton	First Trenton	64.79			90	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Aetna	Commercial	244.1			30.8	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Aetna	Better Health	218.89			45	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Corrections	Corrections	575.26			95	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Americare	Americare	283.33			75	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	LHC	Medicare	149.57			90	45	683.15	other	45	683.15	other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	First Health	First Health	103.37			70	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Anerhealth	Medicare	149.57			90	45	683.15	other	45	683.15	other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Managed Care Inc	Managed Care Inc	64.79			90	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Multplan	Multplan	79.28			90	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Horizon	PPO	289.42			45	45	683.15	other	45	683.15	other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Anerhealth	Medicare Blue	149.57			45	45	683.15	other	45	683.15	other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Quicare	Quicare	34.7			75	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Horizon	MCO	289.42			75	45	683.15	other	45	683.15	other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Consumer	Consumer	283.15			45	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Horizon	Indemnity	289.42			45	45	683.15	other	45	683.15	other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Wellcare	Medicare	149.57			45	45	683.15	other	45	683.15	other	Page-specific negotiated charge calculated as a percent of the Medicare value
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	WellPoint	WellPoint	41.321			31.04	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Horizon	NJ Health	438.48			30.44	45	683.15	fee schedule	45	683.15	fee schedule	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	LHC	Medicaid	218.89			30.44	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Three Rivers	Three Rivers	683.15			95	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXTERNAL ECG RECORDING UP TO 48 HRS	93225	CPT	outpatient						719.1	172.01	Medicaid	Medicaid	218.89			30.44	45	683.15	percent of total billed charges	45	683.15	percent of total billed charges	
HC EXT ECG-48 HR-7D SCAN ALYS RM	93444	CPT	outpatient						9344.4	First Trenton	First Trenton	841			90	280.33	887.72	percent of total billed charges	280.33	887.72	percent of total billed charges		
HC EXT ECG-48 HR-7D SCAN ALYS RM	93444	CPT	outpatient						9344.4	Americare	Americare	700.83			38	280.33	887.72	percent of total billed charges	280.33	887.72	percent of total billed charges		
HC EXT ECG-48 HR-7D SCAN ALYS RM	93444	CPT	outpatient						9344.4	Aetna	Commercial	365.59			38	280.33	887.72	percent of total billed charges	280.33	887.72	percent of total billed charges		
HC EXT ECG-48 HR-7D SCAN ALYS RM	93444	CPT	outpatient						9344.4	Anerhealth	HMO/PRO	37.39			65	280.33	887.72	percent of total billed charges	280.33	887.72	percent of total billed charges		
HC EXT ECG-48 HR-7D SCAN ALYS RM	93444	CPT	outpatient																				











description	unit	last_updated_on	version	hospital_location	hospital_address_line_one	hospital_address_line_two	best_of_knowledge_and_belief	hospital_included_in_applicable_standard_charge_information	in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_code	unit_of_measurement	drug_type	standard_chargegross	standard_chargegross_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginj	standard_charginjms	standard_charginjtechnology	additional_generic_notes
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	WellPar	Medi	459.79	75	1107.53	1107.53														
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Quaire	Quaire	1107.53	75	1107.53	1107.53														
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Horizon	Horizon	721.54		1000.33	1000.33														Payee-specific negotiated charge calculated as a percent of the Medicare value
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Horizon	NJ Health	1679.8																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Amerhealth	HMO/PRO	1071.53																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Amerhealth	Amerhealth	1071.53																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	United	Commercia	652.86																	1979.8 case rate
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	United	Medi	652.86																	1979.8 case rate
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	First Health	First Health	10283.03																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Multiplan	Multiplan	11752.03																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Horizon	PPQ	721.54																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
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HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
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HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	1979.8 fee schedule
HC LRT ARTIGRT ANGIO	93459	CPT	14690.04	4291.87	Wellcare	Medicare	3732.06																	

hospital_name	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	description	unit	pricing	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs/cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginet	standard_chargemisc	standard_chargemiscology	additional_generic_notes	
University Hospital	2025-10-17	2.0.0	University Hospital, address_line_num1	31019 N	HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Horizon	MGD	706.83			800	706.83	800	706.83	additional_generic_notes	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Horizon	MGD	706.83			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Consumer	PPG	570.63	95		800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Amerihealth	Medicare	362.11			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Horizon	Medicare	505.11			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	UHC	Medicaid	185.6	30.44		800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Horizon	NI Health	426.91			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Amerihealth	Medicare	505.11			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Multplan	Multplan	4803.53	80		800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Managed Care Inc	Managed Care Inc	5403.59	80		800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Three Rivers	Three Rivers	6303.63	95		800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	UHC	Medicare	362.11			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Quicare	Quicare	450.5	75		800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Wellcare	Wellcare	612.11			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	United	United	3596.76			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	United	CommerciaPPD	3596.76			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	Wellcare	Medicare	185.6	30.44		800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC ENDOMYOCARDIAL BIOPSY	9506	CPT	both			600.06	4199.93	WellPant	WellPant	1852.6			800	706.83	800	706.83	HC ENDOMYOCARDIAL BIOPSY	
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Aetna	Better Health	726.48			413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Aetna	Medicare	154.19	30.8		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Amerihealth	Amerihealth	184.58	35		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Amerihealth	HMO/PPD	87.26	45		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Aetna	Commercial	919.39	38		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Consumer	Consumer	2298.47	95		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	First Trienton	First Trienton	2177.5	90		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Horizon	Medicare Blue	725.83	30		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	WellPant	WellPant	759.99	31.04		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	First Health	First Health	1815.61	70		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	United	CommerciaPPD	1835.46			413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Multplan	Multplan	1935.55	80		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Horizon	Indemnity	189.16	38.28		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Corrections	Corrections	1935.55	80		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Horizon	PPG	92.16	38.28		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Quicare	Quicare	1814.58	75		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Managed Care Inc	Managed Care Inc	2177.5	90		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Horizon	MGD	926.16	38.28		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	UHC	UHC	426.91	30.44		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Horizon	NI Health	413.29	38.28		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Three Rivers	Three Rivers	2298.47	95		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	United	United	1835.46			413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC INTRAVASCULAR DOPPLER	9571	CPT	both			2419.44	19144	Wellcare	Wellcare	763.48	30.44		413.29	2296.47	800	706.83	2296.47	HC INTRAVASCULAR DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Amerihealth	Amerihealth	653.5	75		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Aetna	Better Health	589.93	30.44		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Consumer	Consumer	1841.1	95		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	United	CommerciaPPD	1835.46			814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Amerihealth	HMO/PPD	1297.7	65		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	First Health	First Health	1336.4	65		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Aetna	Commercial	139.44	38		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Horizon	First Trienton	1742.9	80		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Horizon	Medicare Blue	182.0	38		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Wellcare	Wellcare	589.93	30.44		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Corrections	Corrections	1550.4	80		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	WellPant	WellPant	801.58	41.04		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Horizon	Indemnity	741.87	38.28		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Horizon	PPG	741.87	38.28		814	184.1	814	184.1	184.1	HC ADDITION VESSEL INTRAV. DOPPLER
					HC ADDITION VESSEL INTRAV. DOPPLER	9572	CPT	both			1938	1938	Aetna	Medicare	589.9	30.8		814	184.1	814			













description	unit	lat_updated	on_version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cms8	payer_name	plan_name	standard_chargelogs_dollar	standard_chargelogs_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargin	standard_chargin	standard_chargin	standard_chargin	standard_chargin	technology	additional_generic_notes
codeid	codeid	2025-07-17	2.0.0	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cms8	payer_name	plan_name	standard_chargelogs_dollar	standard_chargelogs_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargin	standard_chargin	standard_chargin	standard_chargin	standard_chargin	technology	additional_generic_notes
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Horizon	Medicare Blue			542.71				542.71			175		2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Horizon	Medicare Blue			28.47				28.47			175		2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Aeneath	Medicare			542.71				542.71			175		2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Managed Care Inc	Managed Care Inc			542.71				542.71	90				2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Horizon	Medicare			542.71				542.71			175		2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Horizon	Medicare			542.71				542.71			175		2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Three Rivers	Three Rivers			1742.26				1742.26	95				2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Wellcare	Medicaid			558.26				558.26	30.44				2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX ARTERIAL LE COMP BIL	98300	CPT	both	322.54	Wellcare	Medicaid			526.26				526.26	30.44				2696.74	other			2696.74	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Aetna	Commercial			201.37				199.93	120.39				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Consumer	Consumer			1163.77				1163.77	90				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	First Trenton	First Trenton			1192.52				1192.52	90				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	American	American			918.77				918.77	75				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Aeneath	HMO/PRO			125				125	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Aetna	Medicare			372.8				372.8	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Three Rivers	Three Rivers			1163.77				1163.77	95				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Aetna	Medicare			120.39				120.39	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Aeneath	Medicare			23.39				23.39	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Corrections	Corrections			96.02				96.02	80				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Horizon	PRO			238.76				238.76	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Horizon	MED			49.78				49.78	232.31				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	First Health	First Health			87.51				87.51	70				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	LHC	Medicare			372.8				372.8	30.44				232.25	other			232.25	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Managed Care Inc	Managed Care Inc			1102.52				1102.52	90				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Multiplan	Multiplan			960.02				960.02	90				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Horizon	Indemnity			238.76				238.76	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Horizon	Medicare Blue			120.39				120.39	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	WellPant	WellPant			380.25				380.25	31.04				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Quakere	Quakere			69.77				69.77	75				233.14	other			233.14	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Horizon	NJ Health			69.72				69.72	120.39				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Wellcare	Medicare			120.39				120.39	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	Wellcare	Medicare			372.8				372.8	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN UPPER EXTREMITY ARTERYBYPASS GRAFT UNLIMITED	98301	CPT	both	141.9	LHC	Medicare			120.39				120.39	30.44				160.86	other			160.86	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Consumer	Consumer			228.5				228.5	95				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	American	American			65.49				65.49	95				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Aetna	Better Health			277.59				277.59	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	WellPant	WellPant			670.7				670.7	31.04				249.66	other			249.66	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	First Health	First Health			610.47				610.47	70				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Aetna	Medicare			26.47				26.47	30.44				158.53	other			158.53	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Aetna	Commercial			432.73				432.73	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Horizon	PRO			542.71				542.71	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Horizon	NJ Health			117.11				117.11	81.75				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	First Trenton	First Trenton			948.49				948.49	90				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Horizon	Indemnity			542.71				542.71	30.44				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Aeneath	Medicare			26.47				26.47	80				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Multiplan	Multiplan			217.68				217.68	80				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Horizon	Medicare Blue			26.47				26.47	30.44				205.84	other			205.84	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Aeneath	HMO/PRO			89.78				89.78	80				111.18	other			111.18	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Corrections	Corrections			69.72				69.72	80				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Quakere	Quakere			65.49				65.49	75				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Managed Care Inc	Managed Care Inc			78.49				78.49	90				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	Horizon	MED			443.98				443.98	80				193.77	other			193.77	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	LHC	Medicaid			26.47				26.47	30.44				251.55	other			251.55	other	Other-Payer negotiated charge calculated as a percent of the Medicare value
HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BLAT	9870	CPT	both	322.54	LHC																			





University Hospital	last_updated_on	version	hospital_location	address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemethodology	additional_generic_notes
codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid	codeid
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Aetna					Behler Health		317.63			30.44			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Quaker					Quaker		79.2			75			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Amerihealth					Amerihealth		31.12			99			991.29 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Three Rivers					Three Rivers		196.29			75			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 UHC					UHC		51.12			29			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Multplan					Multplan		834.77			80			991.29 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Consumer					Consumer		991.29			80			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 First Trenton					First Trenton		138.11			90			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Aetna					Aetna		31.12			29			991.29 other	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Wellcare					Wellcare		301.32			29			991.29 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Amerihealth					HMO/PRO		29			29			991.29 schedule	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 UHC					Mediad		317.63			30.44			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 First Health					First Health		730.42			70			991.29 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Horizon					Identify		699.15			29			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Horizon					MD		699.15			29			991.29 other	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Horizon					NU Health		140.94			30.44			991.29 fee schedule	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Wellcare					Medicare		317.63			29			991.29 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Horizon					PPO		699.15			29			991.29 other	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Managed Care Inc					Managed Care Inc		939.11			80			991.29 percent of total billed charges	
HC FLOW VOLUME LOOP	94375	CPT	outpatient	1043.46	415.52 Aetna					WellPant		143.89			31.04			991.29 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Amerihealth					Amerihealth		149.57			41.68			469 other	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Amerihealth					Behler Health		152.28			30.44			469 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Aetna					Aetna		152.05			30.8			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 First Health					First Health		345.58			70			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Americare					Americare		370.26			75			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Amerihealth					HMO/PRO		320.89			65			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Aetna					Commercial		244.1			41.68			469 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Consumer					Consumer		469			95			469 other	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Wellcare					Medicare		149.57			82.87			41.68 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Horizon					NU Health		41.68			61.83			469 other	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Horizon					Identify		149.57			41.68			469 other	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 First Trenton					First Trenton		444.31			90			469 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Wellcare					Mediad		102.28			30.44			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Multplan					Multplan		199.44			80			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Horizon					MD		289.42			93.3			469 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Corrections					Corrections		349.44			41.68			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 UHC					Medicare		495.7			56.3			469 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Quaker					Quaker		370.26			75			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Managed Care Inc					Managed Care Inc		414.31			90			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Horizon					Identify		289.42			41.68			469 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Three Rivers					Three Rivers		469			95			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 Horizon					PPO		289.42			41.68			469 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 UHC					Mediad		150.28			30.44			469 percent of total billed charges	
HC PULMON STRESS TEST 6MIN WALK	94818	CPT	outpatient	493.68	172.01 WellPant					WellPant		153.24			31.04			469 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Aetna					Commercial		618.67			125			1560.78 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Corrections					Corrections		676.38			80			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 First Trenton					First Trenton		965.93			125			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Consumer					Consumer		618.71			95			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Aetna					Medicare		337.41			30.8			1560.78 fee schedule	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Aetna					Behler Health		333.46			30.44			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Managed Care Inc					Managed Care Inc		695.93			90			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 First Health					First Health		766.84			70			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Horizon					MD		699.15			125			1560.78 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Horizon					Medicare Blue		361.12			125			1560.78 other	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Three Rivers					Three Rivers		1040.71			95			1560.78 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Horizon					Identify		699.15			125			1560.78 other	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Americare					Americare		821.61			75			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Horizon					PPO		699.15			125			1560.78 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 UHC					Medicare		511.12			125			1560.78 other	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Multplan					Multplan		676.38			80			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Amerihealth					HMO/PRO		125			125			1560.78 fee schedule	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 WellPant					WellPant		340.14			31.04			1560.78 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Wellcare					Medicare		361.12			125			1560.78 other	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Horizon					NU Health		150.78			125			1560.78 fee schedule	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Quaker					Quaker		511.61			75			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 UHC					Mediad		331.46			30.44			1560.78 percent of total billed charges	
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Wellcare					Medicare		511.12			125			1560.78 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CARDIOPULMONARY EXERCISE TESTING	94821	CPT	inpatient	1056.48	415.52 Wellcare					Medicare		331.46			30.44			1560.78 percent of total billed charges	
HC INHALATION TREATMENT PRESSURIZEDNONPRESSURIZED	94640	CPT	both	664.02	271.4 First Trenton					First Trenton		597.62							

unit_name	last_updated_on	version	hospital_location	address_line_1	address_line_2	city	state	zip	description	code	type	drug_unit_of_measurement	drug_type_of_measurement	standard_chargemsgs	standard_chargemsgs_cms8	payer_name	plan_name	standard_chargemsgs_dollar	standard_chargemsgs_percentage	standard_chargemsgs_algorithm	estimated_amount	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	standard_chargemsgs	additional_generic_notes		
University Hospital	2025-09-17	21.0	coast	coast	coast	CA	94025	31019	HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Wellcare	Medicare	298				60	730.63	60	730.63	730.63	percent of total billed charges		
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Managed Care Inc	Managed Care Inc	622.7	90			60	730.63	60	730.63	730.63	percent of total billed charges		
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Horizon	MCO	656.6			25.55	60	730.63	60	730.63	730.63	percent of total billed charges		
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Horizon	Medicare Blue	298				175.13	60	730.63	60	730.63	730.63	percent of total billed charges	
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 LHC	Medicare	234.11	30.44				60	730.63	60	730.63	730.63	percent of total billed charges	
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Corrections	Corrections	415.26	80				60	730.63	60	730.63	730.63	percent of total billed charges	
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 First Health	First Health	538.36	75				60	730.63	60	730.63	730.63	percent of total billed charges	
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Three Rivers	Three Rivers	720.63	95				60	730.63	60	730.63	730.63	percent of total billed charges	
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Horizon	NI Health	143.55					59.09	60	730.63	60	730.63	730.63	percent of total billed charges
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Wellcare	Medicaid	234.11	30.44				216.61	60	730.63	60	730.63	730.63	percent of total billed charges
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 Horizon	Identify	456.66						60	730.63	60	730.63	730.63	percent of total billed charges
									HC CPAP VENTILATION INITIATION AND MGMT	94660	CPT	both		769.08	2114 LHC	Medicare	298					114.29	60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Wellcare	Medicare	298						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 AneHealth	Medicare	298					228.53	60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Horizon	Medicare	298						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Aetna	Wellcar Health	244.66	30.44					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Aetna	Commercial	38.15						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 LHC	Medicare	298						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Quaire	Quaire	612.82	75					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Horizon	NI Health	17.74			80.13			60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Horizon	Identify	456.66						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 AneHealth	HMO/PPD	16						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Consumer	Consumer	763.57	95					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Multplan	Multplan	643.01	80					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Americare	Americare	623.83	75					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 First Health	First Health	562.83	70					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Corrections	Corrections	643.01	80					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 LHC	Medicaid	444.66	30.44				71.3	60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Wellcare	Medicaid	244.66	30.44					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 First Trenton	First Trenton	733.38	90					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Horizon	Medicare Blue	298						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Horizon	PPO	456.66						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Three Rivers	Three Rivers	763.57	95					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Managed Care Inc	Managed Care Inc	733.38	90					60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 Wellcare	Medicare	298						60	730.63	60	730.63	730.63	percent of total billed charges
									HC DEMOVAL OF PT UTILITY AEROSOLNEBULIZER/INHALER/PPB DEVICE	94664	CPT	both		803.76	2114 WellPant	WellPant	249.49	31.04					60	730.63	60	730.63	730.63	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Aetna	Medicare	515.1	95					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Aetna	Commercial	154.1						60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Multplan	Multplan	427.88	80					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Consumer	Consumer	158.6	30.44					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Americare	Americare	388.33	75					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Horizon	NI Health	193.58				97.5		60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Horizon	Medicare Blue	149.57						60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Consumer	Consumer	485.35	95					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 First Trenton	First Trenton	392.99	80					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 AneHealth	Medicare	149.57						60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 Quaire	Quaire	388.33	75					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 First Health	First Health	503.57	70					60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 AneHealth	HMO/PPD	15						60	485.35	60	485.35	485.35	percent of total billed charges
									HC RT CHEST PERCUSSION/PEP THERAPY INITIAL	94667	CPT	both		515.1	17201 LHC	Medicare	149.57						60	485.35	60	485.35	485.35	percent of total billed charges

hospital_name	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	description	unit	pricing	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginet	standard_charginet	standard_charginet	standard_charginet	standard_charginet	additional_generic_notes
University Hospital	2025-09-17	2.0.0	hospital_address_line_num1		HC PULMONARY FUNCTION TEST BY GAS	94727	CPT	both			57732	28,77	First Trenton	First Trenton	519,59		90	13,72	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC PULMONARY FUNCTION TEST BY GAS	94727	CPT	both			57732	28,77	Horizon	MGD	30,28			13,72	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC PULMONARY FUNCTION TEST BY GAS	94727	CPT	both			57732	28,77	Horizon	PRO	31,28			12,31	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC PULMONARY FUNCTION TEST BY GAS	94727	CPT	both			57732	28,77	Quakere	Quakere	43,29		75	30	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC PULMONARY FUNCTION TEST BY GAS	94727	CPT	both			57732	28,77	Managed Care Inc.	Managed Care Inc.	19,59		90	30	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC PULMONARY FUNCTION TEST BY GAS	94727	CPT	both			57732	28,77	UHC	Medicare	181,54			69,45	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC PULMONARY FUNCTION TEST BY GAS	94727	CPT	both			57732	28,77	Wellcare	Medicare	181,54			65,16	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Wellcare	Medicaid	175,74		30,44	138,99	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Horizon	MGD	169,54			91,17	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Aetna	Aetna	293			30	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Aetna	Medicare	118,92			115,01	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Aetna	Medicare	100,32			53,33	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Consumer	Consumer	371,13			95	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Multplan	Medicare	112,53			80	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	First Health	First Health	273,46			30	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Aetna	Commercial	146,45			73,85	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Three Rivers	Three Rivers	371,13			30	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Quakere	Quakere	293			30	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Horizon	Indemnity	149,54			38,28	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Corrections	Corrections	112,53			80	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	WellPoint	WellPoint	121,26			31,04	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	AnerHealth	HMO/PRO	30			30	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Horizon	Medicare Blue	117,2			45,14	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	First Trenton	First Trenton	351,59			90	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	LHC	Medicare	118,92			108,22	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Horizon	NJ Health	81,51			63,43	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Wellcare	Medicaid	118,92			30,44	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Horizon	PRO	149,54			38,28	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC CARBON MON DIFF CAP	94729	CPT	both			390,66	28,77	Managed Care Inc.	Managed Care Inc.	351,59			90	548,45	548,45	548,45	548,45	548,45	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Horizon	Indemnity	111,28			38,28	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Aetna	Medicare	89,54			30,4	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Corrections	Corrections	292,58			80	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Aetna	Better Health	88,49			30,44	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	AnerHealth	AnerHealth	218,03			75	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	First Trenton	First Trenton	261,63			10	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Aetna	Commercial	110,47			30	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	First Health	First Health	216,49			70	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Wellcare	Medicaid	88,49			30,44	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Horizon	MGD	111,28			91,13	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	AnerHealth	HMO/PRO	10			10	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Consumer	Consumer	291,17			95	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	WellPoint	WellPoint	90,23			31,04	84,08	84,08	84,08	84,08	84,08	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Horizon	NJ Health	130,5			25,46	10,10	10,10	10,10	10,10	10,10	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Multplan	Multplan	222,26			10	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Horizon	PRO	111,28			38,28	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Horizon	Medicare Blue	87,21			30	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Managed Care Inc.	Managed Care Inc.	201,63			10	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Quakere	Quakere	218,03			75	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	Three Rivers	Three Rivers	276,17			10	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	LHC	Medicaid	88,49			30,44	278,17	278,17	278,17	278,17	278,17	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION	94760	CPT	both			290,7	290,7	AnerHealth	AnerHealth	293			37,87	10,10	10,10	10,10	10,10	10,10	Page-specific negotiated charge calculated as a percent of the Medicare value
					HC PULSE OXIMETRY CONTIN PER DAY	94761	CPT	both			390,66	290,7	Horizon	Medicare	293			75	37					

















University Hospital	last_updated_on	version	hospital_location	address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/31/19 true	description	unit	pricing	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs/cash	payer_name	plan_name	standard_charging/negotiated_dollar	standard_charging/negotiated_percentage	standard_charging/negotiated_algorithm	estimated_amount	standard_charginum	standard_charginumx	standard_charginemethodology	additional_genetic_ris
HC NERVE CONDUCTION 5-6 STUDIES	2025-08-17	21.0	camp	city	state	zip	code/line/type	unit	pricing	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs/cash	payer_name	plan_name	standard_charging/negotiated_dollar	standard_charging/negotiated_percentage	standard_charging/negotiated_algorithm	estimated_amount	standard_charginum	standard_charginumx	standard_charginemethodology	additional_genetic_ris
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Aetna	Better Health	32,167	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Horizon	Idemity	69,15	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	American	American	79,254	75														Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Amerihealth	HMO/PPD	150	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Corrections	Corrections	845,38	80														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	First Trienton	First Trienton	95,105	80														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Muljian	Muljian	845,38	80														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Amerihealth	WellPart	31,132	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Consumer	Consumer	1003,88	95														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Horizon	Medicare Blue	30,132	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Quakere	Quakere	79,254	75														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Horizon	NJ Health	298,42	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Horizon	PPO	69,15	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Horizon	MGD	199,132	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	LHC	Medicaid	30,132	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Managed Care Inc.	Managed Care Inc.	95,105	90														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Three Rivers	Three Rivers	100,388	95														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Wellcare	Medicare	30,132	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Wellcare	Medicaid	30,132	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	WellPart	WellPart	209,611	30.44														
HC NERVE CONDUCTION 5-6 STUDIES	95909	CPT	outpatient	105672	415.52	Wellcare	Medicaid	30,132	30.44														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Aetna	Commercial	69,157	30.44														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Aetna	Medicare	325,47	30.8														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Corrections	Corrections	845,38	80														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Horizon	PPO	69,15	30.44														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Amerihealth	HMO/PPD	210	210														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	American	American	79,254	75														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Aetna	Better Health	32,167	30.44														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	First Trienton	First Trienton	95,105	80														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	First Health	First Health	78,7	70														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Horizon	MGD	69,15	30.44														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Horizon	Medicare Blue	30,132	210														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	LHC	Medicaid	30,132	30.44														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Amerihealth	Medicare	31,132	311.92														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Consumer	Consumer	1003,88	210														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	WellPart	WellPart	30,132	31.04														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Managed Care Inc.	Managed Care Inc.	95,105	90														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Wellcare	Medicaid	30,132	30.44														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Horizon	NJ Health	215,152	78.31														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Horizon	Idemity	69,15	210														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Wellcare	Medicaid	30,132	313.92														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	LHC	Medicare	30,132	238.88														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Three Rivers	Three Rivers	1003,88	95														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Muljian	Muljian	1003,88	210														
HC NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT	both	105672	415.52	Quakere	Quakere	79,254	75														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Wellcare	Medicaid	579,37	20.44														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	American	American	602,64	20.44														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Amerihealth	Medicare	615,67	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Corrections	Corrections	152,266	80														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Aetna	Commercial	104,77	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	First Health	First Health	130,232	70														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Aetna	Better Health	579,37	30.44														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	First Trienton	First Trienton	171,299	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Aetna	Medicare	615,67	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Amerihealth	HMO/PPD	210	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	LHC	Medicaid	61,67	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Managed Care Inc.	Managed Care Inc.	171,299	90														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Horizon	MGD	119,132	300														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Horizon	PPO	191,132	300														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Horizon	Medicare Blue	615,67	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Three Rivers	Three Rivers	188,15	95														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Horizon	NJ Health	81,82	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Consumer	Consumer	188,15	210														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	LHC	Medicaid	579,37	30.44														
HC NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT	both	190332	788.02	Muljian																	

University Hospital	lat_updated	on_version	hospital_location_address_line_num10	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	status	unit_of_measurement	drug_type_of_measurement	standard_chargelimsb	standard_chargelimsb_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginlimb	standard_charginlimb	standard_charginlimb	standard_charginlimb	additional_general_notes
description	2025-17	2.0.0	19109m St		rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelimsb	standard_chargelimsb_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginlimb	standard_charginlimb	standard_charginlimb	standard_charginlimb	additional_general_notes
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Managed Care Inc	outpatient			561.05		Managed Care Inc		561.05	90		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 First Health	outpatient			739.7		First Health		739.7	70		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Horizon	outpatient			176.85		NJ Health		176.85	90		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Horizon	outpatient			699.15		MGD		699.15	30.44		100	1787.85	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 UHC	outpatient			321.67		Multipian		321.67	90		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Amerihealth	outpatient			100		HIQOPPO		100	30.44		100	1787.85	fee schedule			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Amerihealth	outpatient			702.54		Amerihealth		702.54	75		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Horizon	outpatient			699.15		Horizon		699.15	90		100	1787.85	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Wellcare	outpatient			381.32		Wellcare		381.32	30.44		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Wellcare	outpatient			1029.88		Medicaid		1029.88	95		100	1787.85	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Horizon	outpatient			381.32		Medicare Blue		381.32	90		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 UHC	outpatient			381.32		UHC		381.32	30.44		100	1787.85	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Multipian	outpatient			454.38		Multipian		454.38	95		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 WellPart	outpatient			328.01		WellPart		328.01	31.04		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS	96925	CPT	106672	4152 Quicare	outpatient			702.54		Quicare		702.54	30.44		100	1787.85	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 First Treston	outpatient			474.61		First Treston		474.61	90		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Aetna	outpatient			160.52		Better Health		160.52	30.44		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Aetna	outpatient			589.67		Commercial		589.67	90		100	1743.48	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 First Health	outpatient			278.14		First Health		278.14	70		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Horizon	outpatient			699.15		PPO		699.15	90		100	1743.48	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Corrections	outpatient			41.87		Corrections		41.87	80		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Amerihealth	outpatient			365.51		Amerihealth		365.51	75		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Amerihealth	outpatient			365.51		HIQOPPO		365.51	75		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Managed Care Inc	outpatient			1741.41		Managed Care Inc		1741.41	90		100	1743.48	fee schedule			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Wellcare	outpatient			381.32		Wellcare		381.32	30.44		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Aetna	outpatient			381.32		Medicare		381.32	30.44		100	1743.48	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Amerihealth	outpatient			913.12		Amerihealth		913.12	95		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 UHC	outpatient			381.32		UHC		381.32	30.44		100	1743.48	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Horizon	outpatient			381.32		Medicare Blue		381.32	90		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Corrections	outpatient			639.97		Intensity		639.97	95		100	1743.48	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Horizon	outpatient			699.15		Intensity		699.15	90		100	1743.48	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Horizon	outpatient			699.15		MGD		699.15	31.04		100	1743.48	other			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 WellPart	outpatient			318.69		WellPart		318.69	100		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Horizon	outpatient			1743.48		NJ Health		1743.48	100		100	1743.48	fee schedule			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 UHC	outpatient			160.52		Medicaid		160.52	30.44		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Multipian	outpatient			418.7		Multipian		418.7	80		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Wellcare	outpatient			160.52		Medicaid		160.52	30.44		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Wellcare	outpatient			639.97		Three Rivers		639.97	95		100	1743.48	percent of total billed charges			
HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS	96926	CPT	52734	4152 Quicare	outpatient			365.51		Quicare		365.51	75		100	1743.48	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 First Health	outpatient			730.42		First Health		730.42	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Aetna	outpatient			639.67		Commercial		639.67	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Consumer	outpatient			991.29		Consumer		991.29	95		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 UHC	outpatient			381.32		Medicare		381.32	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Multipian	outpatient			814.77		Multipian		814.77	80		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Amerihealth	outpatient			782.4		Amerihealth		782.4	75		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Aetna	outpatient			317.63		Better Health		317.63	30.44		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 First Health	outpatient			639.97		First Health		639.97	90		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Horizon	outpatient			699.15		Intensity		699.15	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Horizon	outpatient			381.32		Medicare		381.32	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Corrections	outpatient			418.77		Corrections		418.77	80		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Wellcare	outpatient			381.32		Wellcare		381.32	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Quicare	outpatient			782.4		Quicare		782.4	75		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Amerihealth	outpatient			40		HIQOPPO		40	40		40	991.29	fee schedule			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Horizon	outpatient			699.15		MGD		699.15	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Managed Care Inc	outpatient			891.11		Managed Care Inc		891.11	90		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Wellcare	outpatient			991.29		Three Rivers		991.29	95		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Amerihealth	outpatient			381.32		Medicare		381.32	40		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Wellcare	outpatient			913.12		Medicare Blue		913.12	90		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 WellPart	outpatient			323.89		WellPart		323.89	31.04		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 UHC	outpatient			317.63		Medicaid		317.63	30.44		40	991.29	percent of total billed charges			
HC VISUAL EVOKED POTENTIAL (VEP) CNS KCPT GLAUCOMA	96930	CPT	103436	4152 Wellcare	outpatient			639.97												



University Hospital	last_updated_on	version	hospital_location_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	category	unit	unit_type	unit_code	unit_desc	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges/contractual_cash	payer_name	plan_name	standard_charges/negotiated_rate	standard_charges/negotiated_percentage	standard_charges/negotiated_algorithm	estimated_amount	standard_charges	standard_charges	standard_charges	standard_charges/technology	additional_generic_notes
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	2025-09-17	2.0.0	University Hos 150 Bergen St	310119 true	9992	CPT			outpatient			510		Aetna	Commercial	193.8	38		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Corrections	Corrections	406	80		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Americana	Americana	302	75		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Horizon	Medicare Blue	153	30		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Horizon	Medicare	157.0	30.8		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		First Health	First Health	307	70		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Consumer	Consumer	484.5	95		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Horizon	PPO	195.23	38.2		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Horizon	MGD	195.23	38.28		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		LHC	Medicaid	155.24	30.44		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Wellcare	Wellcare	155.24	30.44		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Horizon	Indemnity	195.23	38.28		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Managed Care Inc	Managed Care Inc	459	90		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		WellPar	WellPar	193.9	31.04		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Three Rivers	Three Rivers	484.5	95		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Multplan	Multplan	408	80		153	484.5 percent of total billed charges				
HC PT CANALITH REPOSITIONING PROCEDURES (EG. EPLEY MANUEVER, SEMONT MANUEVER) PER DAY	9992	CPT			9992	CPT			outpatient			510		Quakere	Quakere	392	80		153	484.5 percent of total billed charges				
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	AmnHealth	Medicare	181.54	30.44		179.84	538.73 percent of total billed charges			Payee-specific negotiated charge calculated as a percent of the Medicare value
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	AmnHealth	HMO/PPO	309.29	52.76		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	AmnHealth	AmnHealth	179.84	30.44		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Aetna	Medicare	181.54	30.44		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	LHC	Medicaid	179.84	30.44		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Aetna	Commercial	266.27	45.35		179.84	538.73 other			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Consumer	Consumer	589.73	95		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	First Trenton	First Trenton	511.33	90		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	First Health	First Health	399.77	70		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Multplan	Multplan	484.51	80		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Wellcare	Wellcare	491.54	80		179.84	538.73 other			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Horizon	MGD	311.28	52.76		179.84	538.73 other			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Horizon	Indemnity	351.28	52.76		179.84	538.73 other			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Americana	Americana	491.11	75		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Corrections	Corrections	454.51	80		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Horizon	PPO	311.28	52.76		179.84	538.73 other			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Wellcare	Medicaid	179.84	30.44		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Quakere	Quakere	438.11	70		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	AmnHealth	Medicare Blue	181.54	30.44		179.84	538.73 other			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Managed Care Inc	Managed Care Inc	511.33	90		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	Three Rivers	Three Rivers	589.73	95		179.84	538.73 percent of total billed charges			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	LHC	Medicaid	181.54	30.44		179.84	538.73 other			
HC UNLIMITED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX	9999	CPT			9999	CPT			outpatient			588.14		288.77	WellPar	WellPar	193.9	31.04		179.84	538.73 percent of total billed charges			
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		First Trenton	First Trenton	459	90		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Americana	Americana	583.9	95		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		AmnHealth	HMO/PPO	311.5	65		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Consumer	Consumer	484.5	95		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Aetna	Better Health	155.24	30.44		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		AmnHealth	Commercial	193.9	38.28		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Managed Care Inc	Managed Care Inc	459	90		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Corrections	Corrections	408	80		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Quakere	Quakere	392	80		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Horizon	Indemnity	195.23	38.28		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Horizon	MGD	195.23	38.28		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		First Health	First Health	307	70		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Horizon	PPO	195.23	38.28		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Horizon	Medicare Blue	153	30		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		LHC	Medicaid	155.24	30.44		153	484.5 percent of total billed charges				
HC MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES OF TOTAL	9604	CPT			9604	CPT			outpatient			510		Multplan	Multplan	408	80		153	484.5 percent of total billed charges				



University Hospital	last_updated_on	2025-17	20.0	hospital_location_address_name_to the best of its knowledge and belief. the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	status	unit	drug_unit_of_measurement	drug_type_of_measurement	standard_charges	standard_charges/adjusted_cash	payer_name	plan_name	standard_charges/adjusted_dollar	standard_charges/adjusted_percentage	standard_charges/adjusted_algorithm	estimated_amount	standard_charges	standard_charges	standard_charges	standard_charges	standard_charges	additional_generic_notes
description	code	unit	type	code	unit	type	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	First Trenton	First Trenton	Aetna	Medicare	50.49	80	20.44	17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Aetna	Better Health	Aetna	Medicare	17.08	30.8	20.44	17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Corrections	Corrections	Aetna	Medicare	4.48	80	20.44	17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Aetna	Medicare	Aetna	Medicare	17.28	30.8	20.44	17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	WellSpan	WellSpan	Aetna	Medicare	17.08	30.8	20.44	17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	First Horizon	MGD	Aetna	Medicare	103.6	70		17.08	103.6 percent of total billed charges					Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Horizon	Medicare Blue	Aetna	Medicare	39.27	70		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Horizon	Medicare	Aetna	Medicare	51.64	75		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Horizon	NJ Health	Aetna	Medicare	22.21	75		17.08	103.6 fee schedule					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	America	America	Aetna	Medicare	42.08	75		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Horizon	Idemity	Aetna	Medicare	103.6	75		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	AmeriHealth	AmeriHealth	Aetna	Medicare	53.54	75		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Managed Care Inc	Managed Care Inc	Aetna	Medicare	50.49	90		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Consumer	Consumer	Aetna	Medicare	53.3	90		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Multplan	Multplan	Aetna	Medicare	44.88	90		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	UHC	Medicare	Aetna	Medicare	53.54	90		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Three Rivers	Three Rivers	Aetna	Medicare	53.3	95		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Horizon	PPO	Aetna	Medicare	103.6	95		17.08	103.6 other					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Wellcare	Medicare	Aetna	Medicare	53.54	95		17.08	103.6 other					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	Wellcare	Quaker	Aetna	Medicare	42.08	75		17.08	103.6 other					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	UHC	Medicaid	Aetna	Medicare	17.08	30.44		17.08	103.6 percent of total billed charges					
HC SUBCUTANEOUS INFUSION EA ADDL HR	9630	CPT	outpatient	9630	CPT	outpatient	9630	6.1	61.57	WellSpan	WellSpan	Aetna	Medicare	17.41	31.04		17.08	103.6 percent of total billed charges					
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	AmeriHealth	Medicare	Aetna	Medicare	82.58	7.97		186.05 other						Payee-specific negotiated charge calculated as a percent of the Medicare value
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Multplan	Multplan	Aetna	Medicare	166.67	7.97		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Aetna	Commercial	Aetna	Medicare	134.77	80		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Wellcare	Medicaid	Aetna	Medicare	59.61	80		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	AmeriHealth	HMO/PO	Aetna	Medicare	127.3	80		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Aetna	Medicare	Aetna	Medicare	59.61	30.44		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	UHC	Medicare	Aetna	Medicare	82.58	7.97		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Aetna	Medicare	Aetna	Medicare	62.58	37.36		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	First Health	Quaker	Aetna	Medicare	137.99	75		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Quaker	Quaker	Aetna	Medicare	166.88	70		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Horizon	MGD	Aetna	Medicare	159.79	70		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	First Trenton	First Trenton	Aetna	Medicare	179.26	90		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Horizon	PPO	Aetna	Medicare	159.79	90		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	AmeriHealth	AmeriHealth	Aetna	Medicare	82.58	75		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Wellcare	Medicare	Aetna	Medicare	166.88	75		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Wellcare	Idemity	Aetna	Medicare	82.58	75		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Horizon	Idemity	Aetna	Medicare	159.79	75		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	WellSpan	WellSpan	Aetna	Medicare	60.79	31.04		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Consumer	Consumer	Aetna	Medicare	186.05	95		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Managed Care Inc	Managed Care Inc	Aetna	Medicare	176.26	95		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Corrections	Corrections	Aetna	Medicare	156.67	90		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Horizon	Medicare Blue	Aetna	Medicare	82.58	30.39		186.05 other						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	Three Rivers	Three Rivers	Aetna	Medicare	7.97	16.04		186.05 fee schedule						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	UHC	Medicaid	Aetna	Medicare	186.05	95		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	UHC	Medicaid	Aetna	Medicare	59.61	30.44		186.05 percent of total billed charges						
HC SUBQIUM INJECTION	9632	CPT	both	9632	CPT	both	9632	19.584	94.97	UHC	Medicaid	Aetna	Medicare	82.58	49.52		186.05 percent of total billed charges						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	Corrections	Corrections	Aetna	Medicare	637.0	8.28		756.79 percent of total billed charges						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	America	America	Aetna	Medicare	297.47	75		756.79 percent of total billed charges						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	Horizon	Medicare Blue	Aetna	Medicare	244.47	8.28		756.79 other						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	Aetna	Better Health	Aetna	Medicare	242.49	30.4		756.79 percent of total billed charges						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	Aetna	Medicare	Aetna	Medicare	242.49	30.8		756.79 other						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	AmeriHealth	Medicare	Aetna	Medicare	244.47	8.28		756.79 other						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	Aetna	Commercial	Aetna	Medicare	398.68	8.28		756.79 other						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	AmeriHealth	HMO/PO	Aetna	Medicare	517.8	65		756.79 percent of total billed charges						
HC INTRA ARTERIAL INJ	9633	CPT	outpatient	9633	CPT	outpatient	9633	796.62	281.14	Horizon	Idemity	A											

University Hospital	last_updated_on	version	hospital_location	address_line_one	purpose	30119 true	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenrgs	standard_chargenrgs_counth	payer_name	plan_name	standard_chargenrgnegotiated_dollar	standard_chargenrgnegotiated_percentage	standard_chargenrgnegotiated_algorithm	estimated_amount	standard_chargenrg	standard_chargenrgs	standard_chargenrgnegotiated	additional_generic_notes
HC APPL ON BODY INJECTOR	2025-04-17	21.0	coast	coast	both				158.1	1	61.57 UHC	Medicare	53.54			13.01	7.97	150.2 other		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Multijan	Multijan	126.48			80	7.97	150.2 percent of total billed charges		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Horizon	Medicare Blue	53.54			26.34	7.97	150.2 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Concorions	Concorions	126.48			80	7.97	150.2 percent of total billed charges		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Aetna	Indemnity	103.6			7.97	150.2 other	Payee-specific negotiated charge calculated as a percent of the Medicare value		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Aetna	Medicare	53.54			7.97	150.2 other	Payee-specific negotiated charge calculated as a percent of the Medicare value		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Quicare	Quicare	116.58			75	7.97	150.2 percent of total billed charges		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Horizon	PP0	103.6			23.04	7.97	150.2 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Horizon	MGD	103.6			51.54	7.97	150.2 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 UHC	Medicaid	48.13			30.44	7.97	150.2 percent of total billed charges		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Three Rivers	Three Rivers	180.2			95	7.97	150.2 percent of total billed charges		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 WellPant	WellPant	49.07			21.21	7.97	150.2 percent of total billed charges		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Wellcare	Medicare	15.34			7.97	150.2 other	Payee-specific negotiated charge calculated as a percent of the Medicare value		
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Americare	Americare	18.58			7.97	150.2 percent of total billed charges			
HC APPL ON BODY INJECTOR	96377	CPT			both				158.1	1	61.57 Wellcare	Medicaid	48.13			30.44	7.97	150.2 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	First Health	First Health	47.12			20.4	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Americare	Americare	29.46			75	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Amerihealth	HMO/PP0	43.76			65	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Horizon	Indemnity	25.77			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Aetna	Better Health	29.46			20.4	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Consumer	Consumer	63.95			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Aetna	Commercial	25.58			38	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	UHC	Medicaid	20.49			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Quicare	Quicare	20.49			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Horizon	MGD	25.77			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Aetna	Medicare	20.73			30.3	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Concorions	Concorions	53.86			80	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Horizon	Medicare Blue	20.2			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Horizon	PP0	25.77			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Multijan	Multijan	53.86			80	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	First Trenton	First Trenton	29.36			20.2	63.95 percent of total billed charges			
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Wellcare	Medicaid	20.49			20.4	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Three Rivers	Three Rivers	63.95			95	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	WellPant	WellPant	20.2			21.24	20.2	63.95 percent of total billed charges		
HC ADMIN RSV MONOCLONAL ANTIBODY SEASONAL IM	96381	CPT	outpatient						67.32	1	Managed Care Inc	Managed Care Inc	60.59			90	20.2	63.95 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Americare	Americare	376.38			75	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Multijan	Multijan	61.47			80	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Aetna	Commercial	134.77			95	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Consumer	Consumer	476.75			95	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Amerihealth	HMO/PP0	5			5	5	476.75 fee schedule		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Aetna	Medicare	82.58			59.74	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Amerihealth	Amerihealth	82.58			75	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Aetna	Better Health	152.76			30.44	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 First Trenton	First Trenton	431.66			5	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Quicare	Quicare	209.38			75	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Horizon	Medicare Blue	82.58			115.41	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 UHC	Medicaid	102.76			30.44	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Horizon	NJ Health	209.39			34.93	5	476.75 fee schedule		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Concorions	Concorions	401.47			80	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 PPO	PP0	189.79			26.09	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 First Health	First Health	61.29			70	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Managed Care Inc	Managed Care Inc	431.66			90	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Wellcare	Medicare	82.58			75	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Horizon	MGD	159.79			148.46	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 WellPant	WellPant	165.77			31.04	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Wellcare	Medicaid	152.76			30.44	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 Horizon	Indemnity	159.79			6	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						50.84	1	94.97 UHC	Medicare	82.58			118.13	5	476.75 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO	96401	CPT	outpatient						315.18	1	94.97 Three Rivers	Three Rivers	476.75			95	5	476.75 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 Amerihealth	HMO/PP0	5			5	5	299.42 fee schedule		
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 Horizon	Medicare Blue	82.58			8.96	5	299.42 percent of total billed charges	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 Aetna	Medicare	95.94			30.44	5	299.42 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 Aetna	Medicare	82.58			32.6	5	299.42 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 Amerihealth	Medicare	82.58			8.96	5	299.42 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 First Trenton	First Trenton	189.86			95	5	299.42 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 Consumer	Consumer	299.42			95	5	299.42 percent of total billed charges		
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO	96402	CPT	outpatient						315.18	1	94.97 Aetna	Commercial	147.77			17.62	5	299.42 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN SUBQ/IM HORIZONTAL ANTI-NEO																				

description	unit	lat_updated	on_version	hospital_location	address_line	city	state	zip	rating	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs/cost	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargemin	standard_chargemax	standard_chargemin	standard_chargemethodology	additional_generic_notes	
HC CHEMO IV EA ADD DRUG	96411	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			54.97	Horizon	NJ Health					60.29	52			850.86 fee schedule		
HC CHEMO IV EA ADD DRUG	96411	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			54.97	Three Rivers	Three Rivers					60.29	52			850.86 fee schedule		
HC CHEMO IV EA ADD DRUG	96411	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			54.97	Amerihealth	HMO/PO				95	60.29	52			850.86 percent of total billed charges		
HC CHEMO IV EA ADD DRUG	96411	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			54.97	Qualcare	Qualcare					290.7	52			850.86 percent of total billed charges		
HC CHEMO IV EA ADD DRUG	96411	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			54.97	Wellcare	Wellcare					62.58	52			850.86 percent of total billed charges		
HC CHEMO IV EA ADD DRUG	96411	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			54.97	Horizon	Indemnity					159.79	52		42.91	850.86 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMO IV EA ADD DRUG	96411	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			54.97	LHC	Medicaid					117.99	52	30.44	113.6	52	850.86 percent of total billed charges	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	outpatient			442.6	Amerihealth	Amerihealth					306.29	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	First Health	First Health					867.51	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Aetna	Better Health					372.24	27	30.44	96.42	27	1177.34 percent of total billed charges	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Aetna	Commercial					628.11	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Amerihealth	HMO/PO					27	27			1177.34 fee schedule		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Consumer	Consumer				95	1193.4	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Aetna	Medicaid					334.47	27			1177.34 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Corrections	Corrections					391.44	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	LHC	Medicaid					372.24	27	30.44	304.45	27	1177.34 percent of total billed charges	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	NJ Health					319.59	27			1177.34 fee schedule		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	Medicare Blue					384.87	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Multiple	Multiple				80	901.44	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Amerihealth	Medicare					1293.47	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	First Trenton	First Trenton					1153.57	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	LHC	Medicaid					184.87	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	Qualcare					929.48	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	Indemnity					384.87	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Managed Care Inc	Managed Care Inc				90	1152.57	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Wellcare	Medicare					384.87	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Three Rivers	Three Rivers					117.34	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	MGD					244.72	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	WellPant	WellPant				31.04	384.68	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	PPD					74.72	27			1177.34 other		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Wellcare	Medicaid				30.44	197.24	27			1177.34 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Aetna	Medicare					82.58	27			362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Consumer	Consumer				95	203.31	27			362.79 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	First Trenton	First Trenton					207.66	27			362.79 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Amerihealth	Amerihealth					189.72	27			362.79 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Amerihealth	Medicare					82.58	27			362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Aetna	Better Health					77	27	30.44	62.58	27	362.79 percent of total billed charges	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Corrections	Corrections					202.37	27			362.79 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	Medicare					82.58	27			362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	First Health	First Health					177.07	27	70	48.13	27	362.79 percent of total billed charges	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Aetna	Commercial					134.77	27		64.26	27	362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Managed Care Inc	Managed Care Inc				90	107.66	27			362.79 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	PPD					159.79	27			362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Amerihealth	HMO/PO					159.79	27			362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	NJ Health					262.79	27			362.79 fee schedule		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Multiple	Multiple				80	302.79	27			362.79 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Horizon	MGD					107.39	27			362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	WellPant	WellPant					78.52	27	31.04	38.51	27	362.79 percent of total billed charges	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Three Rivers	Three Rivers					263.31	27			362.79 other	Payee-specific negotiated charge calculated as a percent of the Medicare value	
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Qualcare	Qualcare					263.31	27			362.79 percent of total billed charges		
HC CHEMOTHERAPY ADMIN IV INFUSION UP 1HR OF 1ST DRUG	96413	CPT	2025-09-17	21.0	coast	coast	CA	91019	5	both			442.6	Wellcare	Medicaid											

























hospital\_location,address,license\_num|to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 161.50, and the information encoded is true, accurate, and complete as of the date indicated.

University Hospital	last_updated_on	version	hospital_location	address	license_num	130119 version	code/line	code/type	unit	description	drug_unit_of_measurement	drug_hpo_name	standard_chargelogs	standard_chargelogs/cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amaunt	standard_charginem	standard_chargemins	standard_chargemethodology	additional_generic_notes		
HC BLS EMERGENCY	2025-09-17	2.0.0	1509	1509	1509	1509	A429	HCPCS	both	86.63	WellPar	329.27	100.0		WellPar	329.27	31.04		381.53	280		1007.76	see schedule			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	AmneHealth	676.76	379.14		AmneHealth	676.76			1184.73	395		3601.77	see schedule			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Aetna	114.08	379.14		WellPar	114.08	38		1172.71	395		3601.77	percent of total billed charges			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Consumer	2601.77	379.14		Consumer	2601.77				95		3601.77	percent of total billed charges			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Horizon	141.32	379.14		Horizon	141.32	38.28			395		3601.77	percent of total billed charges			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	AmneHealth	HMOPPO	246.37	379.14		HMOPPO	246.37	65			395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	AmneHealth	676.76	379.14		AmneHealth	676.76			848.68	395		3601.77	see schedule			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	American	2843.51	379.14		American	2843.51	75			395		3601.77	percent of total billed charges			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	First Health	2653.94	379.14		First Health	2653.94	70			395		3601.77	percent of total billed charges			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	First Trienton	3496.21	379.14		First Trienton	3496.21	90				395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	LHC	676.76	379.14		LHC	676.76				395		3601.77	see schedule			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Corrections	3033.07	379.14		Corrections	3033.07	80				395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Medicare Blue	143.4	379.14		Medicare Blue	143.4			871.67	395		3601.77	percent of total billed charges			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Multilan	3033.07	379.14		Multilan	3033.07	80				395		3601.77	see schedule		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Wellcare	676.76	379.14		Wellcare	676.76				395		3601.77	see schedule			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Horizon	143.32	379.14		Horizon	143.32	38.28		1422.87	395		3601.77	percent of total billed charges			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Horizon	395	379.14		Horizon	395			396.46	395		3601.77	see schedule			
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Managed Care Inc	Managed Care Inc	3472.21	379.14		Managed Care Inc	3472.21	90				395		3601.77	percent of total billed charges	
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	LHC	143.48	379.14		LHC	143.48	30.44			1143.63	395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Horizon	141.32	379.14		Horizon	141.32	38.28				395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Quakere	2843.51	379.14		Quakere	2843.51	75				395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Three Rivers	3601.77	379.14		Three Rivers	3601.77	95				395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	Wellcare	Medicaid	1148.95	379.14		Wellcare	1148.95	30.44		1138.87	395		3601.77	percent of total billed charges		
HC ALS LEVEL 2 TREAT & TRANSPORT							A433	HCPCS	outpatient	108.27	WellPar	1563.63	379.14		WellPar	1563.63	31.04			1151.41	395		3601.77	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	First Health	2731.76	392.52	First Health	2731.76	70			575		3707.39	percent of total billed charges			
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Horizon	1483.88	392.52	Horizon	1483.88	38.28		1464.59	575		3707.39	percent of total billed charges			
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Aetna	1187.93	392.52	Aetna	1187.93	30.44			575		3707.39	percent of total billed charges			
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Aetna	1026.17	392.52	Aetna	1026.17			1026.68	575		3707.39	see schedule			
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	American	2929.89	392.52	American	2929.89	75				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	WellPar	121.34	392.52	WellPar	121.34	31.04			1191.11	575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Horizon	1483.88	392.52	Horizon	1483.88	38.28				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	First Trienton	3022.27	392.52	First Trienton	3022.27	75				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Horizon	1170.76	392.52	Horizon	1170.76	30				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Horizon	575	392.52	Horizon	575				573.92	575		3707.39	see schedule		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	AmneHealth	1026.17	392.52	AmneHealth	1026.17					575		3707.39	see schedule		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	AmneHealth	2584.64	392.52	AmneHealth	2584.64	65			586.33	575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Wellcare	1197.93	392.52	Wellcare	1197.93	30.44			1196.52	575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Multilan	3122.02	392.52	Multilan	3122.02	80				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	LHC	Medicaid	1187.93	392.52	LHC	1187.93	30.44		1148.95	575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Horizon	1933.88	392.52	Horizon	1933.88	38.28				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Wellcare	1026.17	392.52	Wellcare	1026.17					575		3707.39	see schedule		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Quakere	2929.89	392.52	Quakere	2929.89	75				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	LHC	Medicare	1026.17	LHC	1026.17					575		3707.39	see schedule		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Three Rivers	3707.39	392.52	Three Rivers	3707.39	95				575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Corrections	3222.02	392.52	Corrections	3222.02					575		3707.39	percent of total billed charges		
HC SPECIALTY CARE TRANSPORT							A434	HCPCS	outpatient	392.52	1191.6	Managed Care Inc	Managed Care Inc	3527.27	Managed Care Inc	3527.27	90				575		3707.39	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	Aetna	67.07	279.48		Aetna	67.07	30.44			62.52	83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	Aetna	30.8	279.48		Aetna	30.8					83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	American	American	209.61	279.48	American	209.61	75				83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	Consumer	Consumer	655.51	279.48	Consumer	655.51	95				83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	First Trienton	First Trienton	25.13	279.48	First Trienton	25.13	90				83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	Horizon	MD	109.98	279.48	Horizon	109.98	38.28				83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	Wellcare	Medicaid	18.2	279.48	Wellcare	18.2	38			114.87	83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	Wellcare	Medicaid	85.07	279.48	Wellcare	85.07	30.44				83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT							A998	HCPCS	outpatient	279.48	Corrections	Corrections	229.58	279.48	Corrections	229.58	80				83.84		265.51	percent of total billed charges		
HC BLS TREAT TWO TRANSPORT																										

description	unit	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	category	code/type	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount	payor_name	plan_name	standard_chargelogs_dollar	standard_chargelogspercentage	standard_chargelogsalgorithm	estimated_amount	standard_charginin	standard_chargines	standard_charginemethodology	additional_generic_notes
University Hospital		2025-10-17	2.0.0																				
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	American	America	1950.75														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	American	America	1950.75														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	American	America	1950.75														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	Mediplan	Mediplan	2080														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	Horizon	Idemity	95.06														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	Quatrec	Quatrec	1950.75														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	Managed Care Inc	Managed Care Inc	2340.9														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	Horizon	Medicaid Blue	36.06														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	Wellcare	Medicaid	791.74														
SUP INSERTION TRAY W DRAINAGE BAG W INDEWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE	both	A415	HCPCS	both	2001	41.47	Three Rivers	Medicaid	240.95														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Consumer	Consumer	572.5														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Anerhealth	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid Blue	180.79														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	American	America	451.97														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	WellPoint	WellPoint	107.06														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Aetna	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Aetna	Better Health	183.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Anerhealth	HMO/PRO	39.71														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Connections	Connections	48.1														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	First Trenton	First Trenton	54.27														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	LHC	LHC	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Three Rivers	Three Rivers	572.5														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Aetna	Commercial	229														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Managed Care Inc	Managed Care Inc	542.27														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	First Health	First Health	78														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Idemity	230.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Wellcare	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Wellcare	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	14.74														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	Medicaid	18.44														
AMB SUP CATHETER FOLEY TIEMANN	both	A438	HCPCS	both	602.63	16.95	Horizon	MD	20.69														
AMB SUP CATHETER FOLEY TIEMANN	both																						



university_hospital	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogscount	page_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemsg	standard_chargemsgtechnology	additional_generic_notes
University Hospital	2025-09-17	2.0.0	130119	true															
AMBSUP.LT.COMPRESSION.BANDAGE.H3*3*5*PER.YD	AM648	HCPCS	both	20.4	2.82	Amerihealth	Medicare	2.45				2.45			1.15	2.45		19.38 fee schedule	
AMBSUP.LT.COMPRESSION.BANDAGE.H3*3*5*PER.YD	AM648	HCPCS	both	20.4	2.82	Wellcare	Medicare	2.45	30.44			2.45				2.45		19.38 percent of total billed charges	
AMBSUP.LT.COMPRESSION.BANDAGE.H3*3*5*PER.YD	AM648	HCPCS	both	20.4	2.82	Three Rivers	Medicare	2.45	95			2.45				2.45		19.38 percent of total billed charges	
AMBSUP.LT.COMPRESSION.BANDAGE.H3*3*5*PER.YD	AM648	HCPCS	both	20.4	2.82	Corrections	Medicaid	16.32	80			16.32				2.45		19.38 percent of total billed charges	
AMBSUP.LT.COMPRESSION.BANDAGE.H3*3*5*PER.YD	AM648	HCPCS	both	20.4	2.82	Horizon	Medicare	2.45	7.81			2.45			2.29	2.45		19.38 percent of total billed charges	
AMBSUP.LT.COMPRESSION.BANDAGE.H3*3*5*PER.YD	AM648	HCPCS	both	20.4	2.82	UHC	Medicaid	2.45	30.44			2.45				2.45		19.38 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	20.4	2.82	Wellcare	Medicare	2.45				2.45			0.89	2.45		19.38 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Amerihealth	HMO/PO	1.59				1.59						21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	First Trenton	First Trenton	20.68				20.68			90	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Aetna	Better Health	7				7			30.44	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Aetna	Commercial	8.73				8.73			38	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Amerihealth	Medicare	1.59				1.59				1.2		21.83 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Aetna	Medicare	1.59				1.59				1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Consumer	Consumer	5.13				5.13				1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	MGD	8.8				8.8			38.28	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Corrections	Corrections	18.38				18.38				1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	NJ Health	1.2				1.2				1.2		21.83 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	Indemnity	8.8				8.8			38.28	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Americare	Americare	17.24				17.24			75	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	First Health	First Health	6.09				6.09			70	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Managed Care Inc	Managed Care Inc	20.68				20.68			90	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Wellcare	Medicare	1.59				1.59				1.2		21.83 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	Medicare Blue	6.89				6.89			30	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	UHC	Medicaid	7				7			30.44	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	PPD	8.8				8.8			38.28	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Multilan	Multilan	17.38				17.38			80	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Three Rivers	Three Rivers	21.83				21.83			95	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	WellPoint	WellPoint	7.13				7.13			31.04	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Quintare	Quintare	17.24				17.24			75	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	UHC	Medicare	1.59				1.59				1.2		21.83 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Wellcare	Medicaid	7				7			30.44	1.2		21.83 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Aetna	Better Health	3.47				3.47			30.44	0.95		10.84 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Aetna	Medicare	0.95				0.95				0.95		10.84 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	MGD	4.37				4.37			38.28	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Americare	HMO/PO	7.42				7.42			65	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Consumer	Consumer	10.84				10.84			65	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Americare	Americare	8.56				8.56			65	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Aetna	Commercial	4.34				4.34			38	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	First Health	7.99				7.99			70	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Wellcare	Medicare	0.95				0.95				0.95		10.84 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Corrections	Corrections	9.13				9.13			60	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	WellPoint	WellPoint	3.54				3.54			31.04	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Multilan	Multilan	9.13				9.13			60	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	First Trenton	First Trenton	9.27				9.27			60	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Wellcare	Medicaid	3.47				3.47			30.44	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	Medicare Blue	8.56				8.56			75	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	Indemnity	4.37				4.37			38.28	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	UHC	Medicaid	3.47				3.47			30.44	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Horizon	PPD	4.37				4.37			38.28	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	UHC	Medicare	0.95				0.95				0.95		10.84 fee schedule	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Managed Care Inc	Managed Care Inc	10.79				10.79			90	0.95		10.84 percent of total billed charges	
AMBSUP.BANDAGE.TUBULAR.SURGITUBE	AM647	HCPCS	both	22.98	1.83	Three Rivers	Three Rivers	10.84				10.84			90	0.95		10.84 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Aetna	Commercial	16.92				16.92			38	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	WellPoint	WellPoint	13.82				13.82			31.04	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Aetna	Medicare	65.73				65.73			65	1.36		65.73 fee schedule	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Amerihealth	HMO/PO	28.94				28.94			65	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Consumer	Consumer	42.3				42.3			95	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Amerihealth	Medicare	65.73				65.73			65	1.36		65.73 fee schedule	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Aetna	Better Health	13.55				13.55			30.44	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Americare	Americare	38.4				38.4			75	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	UHC	Medicaid	13.55				13.55			30.44	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	First Trenton	First Trenton	40.08				40.08			90	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	First Health	First Health	31.17				31.17			60	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Horizon	Indemnity	17.55				17.55			38.28	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Corrections	Corrections	36.62				36.62			60	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Managed Care Inc	Managed Care Inc	40.08				40.08			90	1.36		65.73 percent of total billed charges	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	UHC	Medicare	65.73				65.73			60	1.36		65.73 fee schedule	
AMBSUP.TUBE.ET	AT721	HCPCS	both	44.53	75.59	Horizon	Medicare Blue	13.38				13.38							





University Hospital	hospital_location_address_line_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	2025-09-17	2.0.0	130119	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_counth	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginin	standard_charginin	standard_charginin	standard_charginin	standard_charginin	additional_generic_notes
codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype
HC RP GA-67 GALLUM CITRATE, DIAGNOSTIC	A6566	HCPCS	both	485.91	Wellcare	Medicaid	485.91			Wellcare	Medicaid	485.91	30.44		200.97						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	UHC	Medicaid	113.33			UHC	Medicaid	113.33	30.44		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Wellcare	Medicaid	133.33			Wellcare	Medicaid	133.33	30.44		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	First Health	First Health	206.61			First Health	First Health	206.61	70		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Corrections	Corrections	207.84			Corrections	Corrections	207.84	80		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Aetna	Better Health	133.33			Aetna	Better Health	133.33	30.44		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	America	America	279.23			America	America	279.23	75		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Indemnity	Indemnity	142.52			Indemnity	Indemnity	142.52	38.28		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Aetna	Commercial	141.47			Aetna	Commercial	141.47	38		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Consumer	Consumer	303.89			Consumer	Consumer	303.89	95		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Horizon	Medicare Blue	111.69			Horizon	Medicare Blue	111.69	30		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	First Trenton	First Trenton	335.07			First Trenton	First Trenton	335.07	90		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Aetna	Medicare	118.17			Aetna	Medicare	118.17	30.8		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Horizon	NJ Health	298.71			Horizon	NJ Health	298.71	65		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	WellPart	WellPart	115.56			WellPart	WellPart	115.56	31.04		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Horizon	PPO	142.52			Horizon	PPO	142.52	38.28		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Anerhealth	HMO/PO	242			Anerhealth	HMO/PO	242	65		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Managed Care Inc	Managed Care Inc	335.07			Managed Care Inc	Managed Care Inc	335.07	90		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Horizon	MCO	142.52			Horizon	MCO	142.52	38.28		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Three Rivers	Three Rivers	303.89			Three Rivers	Three Rivers	303.89	95		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Multplan	Multplan	297.84			Multplan	Multplan	297.84	80		111.69						
HC RP 10-99M RBC IN VIVO, DIAGNOSTIC	A6566	HCPCS	both	372.3	Qualicare	Qualicare	279.23			Qualicare	Qualicare	279.23	75		111.69						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	First Trenton	First Trenton	722.47			First Trenton	First Trenton	722.47	90		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Aetna	Better Health	244.35			Aetna	Better Health	244.35	30.44		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Anerhealth	HMO/PO	621.78			Anerhealth	HMO/PO	621.78	65		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Consumer	Consumer	782.5			Consumer	Consumer	782.5	95		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	WellPart	WellPart	248.17			WellPart	WellPart	248.17	31.04		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	First Health	First Health	621.02			First Health	First Health	621.02	70		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	America	America	602.08			America	America	602.08	75		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Aetna	Commercial	305.04			Aetna	Commercial	305.04	30.8		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Horizon	PPO	371.29			Horizon	PPO	371.29	24.82		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Wellcare	Medicaid	244.35			Wellcare	Medicaid	244.35	30.44		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Horizon	Indemnity	307.29			Horizon	Indemnity	307.29	38.28		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Corrections	Corrections	314.19			Corrections	Corrections	314.19	80		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Managed Care Inc	Managed Care Inc	722.47			Managed Care Inc	Managed Care Inc	722.47	90		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Aetna	Medicare	247.24			Aetna	Medicare	247.24	30.6		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Horizon	Medicare Blue	244.35			Horizon	Medicare Blue	244.35	30		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Horizon	NJ Health	307.57			Horizon	NJ Health	307.57	80		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Multplan	Multplan	242.19			Multplan	Multplan	242.19	80		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Horizon	MCO	307.29			Horizon	MCO	307.29	38.28		382.66						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Three Rivers	Three Rivers	782.5			Three Rivers	Three Rivers	782.5	95		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	Qualicare	Qualicare	620.96			Qualicare	Qualicare	620.96	75		240.82						
HC RP 10-99M MAG3 MERTATIDE, DIAGNOSTIC	A6562	HCPCS	both	802.74	UHC	Medicaid	244.35			UHC	Medicaid	244.35	30.44		240.82						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Aetna	Medicare	103.99			Aetna	Medicare	103.99	30.8		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Anerhealth	Anerhealth	103.92			Anerhealth	Anerhealth	103.92	75		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Aetna	Commercial	128.3			Aetna	Commercial	128.3	38		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Horizon	Medicare Blue	101.29			Horizon	Medicare Blue	101.29	30		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Aetna	Better Health	303.78			Aetna	Better Health	303.78	30.44		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	First Trenton	First Trenton	303.86			First Trenton	First Trenton	303.86	90		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Corrections	Corrections	276.81			Corrections	Corrections	276.81	80		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Consumer	Consumer	320.74			Consumer	Consumer	320.74	95		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Horizon	MCO	303.78			Horizon	MCO	303.78	38.28		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Anerhealth	HMO/PO	219.45			Anerhealth	HMO/PO	219.45	65		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Horizon	PPO	192.24			Horizon	PPO	192.24	38.28		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	UHC	Medicaid	102.27			UHC	Medicaid	102.27	30.44		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Managed Care Inc	Managed Care Inc	303.86			Managed Care Inc	Managed Care Inc	303.86	90		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Horizon	NJ Health	192.24			Horizon	NJ Health	192.24	38.28		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Three Rivers	Three Rivers	207.84			Three Rivers	Three Rivers	207.84	75		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	First Health	First Health	238.33			First Health	First Health	238.33	90		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Horizon	Indemnity	129.24			Horizon	Indemnity	129.24	38.28		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	WellPart	WellPart	104.8			WellPart	WellPart	104.8	31.04		57.42						
HC RP 10-99M DTPA PENITETATE AEROSOL, DIAGNOSTIC	A6567	HCPCS	both	337.62	Multplan	Multplan	270.1														









hospital_name	hospital_location	hospital_address_line_num1	best_of_knowledge_and_belief	hospital_has_included_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50_and_the_information_encoded_in_true_accurate_and_complete_as_of_the_data_entry_date	last_updated_on	version	codeid	codeType	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogs_cashed	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_chargemix	standard_chargemethodology	additional_generic_notes		
University Hospital					2025-06-17	2.0.0	HC ENDOSCOPIC OUTLET REDUCTION, GASTRIC POUCH APPLICATION, WI ENDOSCOPY AND TUBE	CP785	HPCPS	outpatient			38166.28	38166.28	13892.4 Consumer	Consumer	36257.97	95				4843.08				
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Multijan	Multijan	30533.02	80				4843.08					
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	MGD	2333.48	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Concordeion	Correlion	30533.02	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	MGD	2333.48	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Anealth	HMO/PO	2489.08	65				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 LHC	Mediad	11677.82	30.44				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Three Rivers	Medicare	20357.97	95				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 First Health	First Health	20716.4	70				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Wellcare	Medicare	11677.82	30.44				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 LHC	Medicare	11677.82	30.44				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 First Trenton	First Trenton	34369.65	90				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Wellcare	WellPart	11688.81	31.04				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	Medicare	1200.35	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 United	Quicare	4843.08					4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Quicare	Quicare	2862.71	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	Indemnity	2333.48	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Managed Care Inc	Managed Care Inc	34369.65	90				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 United	Quicare	4843.08					4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Quicare	Quicare	2862.71	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	Indemnity	2333.48	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Anealth	HMO/PO	2478.77	65				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Concordeion	Correlion	30533.02	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Anealth	Better Health	20037.79	30.44				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Anealth	Medicare	20353.54	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 First Health	First Trenton	42525.62	95				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 First Trenton	First Trenton	50244.46	90				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Anealth	Medicare	20353.54	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 American	Medicare	40379.39	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 First Health	First Health	40709.03	70				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Managed Care Inc	Managed Care Inc	35244.46	90				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	MGD	40367.77	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	Indemnity	40367.77	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Three Rivers	Three Rivers	62525.62	95				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	Medicare Blue	28353.54	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	Medicare	20353.54	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Horizon	Medicare	20353.54	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 WellPart	WellPart	20423.79	31.04				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 LHC	Medicare	20037.79	30.44				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Quicare	Quicare	40379.39	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 WellPart	Commonwealth	60129.29	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Wellcare	Wellcare	60129.29	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 United	Quicare	40379.39	75				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Wellcare	Commonwealth	60129.29	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 United	Oxford	60129.29	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	outpatient					38166.28	38166.28	13892.4 Wellcare	Medicare	20037.79	30.44				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 Anealth	Medicare	53.54					4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 Wellcare	Medicare	53.54					4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 First Trenton	First Trenton	165.88	90				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 LHC	Medicare	61.68	38.94				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 Anealth	Better Health	49.68	30.44				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 Anealth	Commercial	57.38	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 Concordeion	Concordeion	130.56	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 Horizon	MGD	103.6	80				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both					65027.18	65027.18	23960.87 Anealth	Medicare	53.54	35.45				4843.08					Payee-specific negotiated charge calculated as a percent of the Medicare value
					CP785	HPCPS	both																			







University Hospital	last_updated_on	version	hospital_location_address_line_num10 to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code/type	rating	unit_of_measurement	type_of_measurement	charge_group	charge_group_cms405	charge_group_name	charge_group_desc	charge_group_desc_dollar	charge_group_desc_percent	charge_group_desc_algorithm	charge_group_desc_estimated_amt	charge_group_desc_standard	charge_group_desc_standard_charge	charge_group_desc_standard_charge_mechanism	charge_group_desc_additional_generic_notes
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	Amnehealth	Medicare	465.12	80	133.11	Corrections	133.11	65.2	552.33 percent of total billed charges					
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	Amnehealth	Medicare	146.53	31.02	146.53	Medicare	146.53	65.2	552.33 percent of total billed charges					Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	Wellcare	Medicaid	198.98	30.44	124.76	Medicaid	124.76	65.2	552.33 percent of total billed charges					
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	Horizon	MD	289.34		168	Horizon	168	65.2	552.33 percent of total billed charges					
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	Horizon	Intersity	289.34		165.21	Intersity	165.21	65.2	552.33 percent of total billed charges					Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	Quicare	Quicare	435.05	75		Quicare	435.05	65.2	552.33 percent of total billed charges					
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	LHC	Medicaid	176.58	30.44	121.57	LHC	121.57	65.2	552.33 percent of total billed charges					
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	LHC	Medicare	146.53		106.3	LHC	106.3	65.2	552.33 percent of total billed charges					Payee-specific negotiated charge calculated as a percent of the Medicare value
HC NEW OUTPATIENT LEVEL 5	G0463	HCPCS	both	581.4	171.96	Wellcare	Medicare	146.53		83.16	Wellcare	83.16	65.2	552.33 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Amnehealth	Medicare	114.43		16.86	Amnehealth	16.86	8.26	761.63 fee schedule					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Aetna	Medicare	114.43		16.86	Aetna	16.86	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Aetna	Commercial	304.65	38	19.86	Commercial	19.86	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Horizon	Intersity	306.1		20.94	Intersity	20.94	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Amnehealth	American	601.29	75	27.84	American	27.84	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Consumer	Consumer	761.63	95		Consumer	761.63	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Horizon	Better Health	219.44	31.55		Better Health	219.44	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Corrections	Corrections	641.38	80		Corrections	641.38	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	First Trenton	First Trenton	721.55	90		First Trenton	721.55	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Horizon	NJ Health	27.34		8.33	NJ Health	8.33	8.26	761.63 fee schedule					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Multplan	Multplan	641.38	90		Multplan	641.38	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Horizon	Medicare Blue	605.25	30	15.73	Horizon	15.73	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Three Rivers	Three Rivers	761.63	95		Three Rivers	761.63	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	First Health	First Health	581.2	70		First Health	581.2	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Amnehealth	HMO/PPD	34.14		7.58	Amnehealth	7.58	8.26	761.63 fee schedule					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Horizon	MD	306.9	38.28	24.04	Horizon	24.04	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Managed Care Inc	Managed Care Inc	721.55	90		Managed Care Inc	721.55	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	LHC	MD	31.54		36.14	LHC	36.14	8.26	761.63 fee schedule					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Quicare	Quicare	601.29	75		Quicare	601.29	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Wellcare	Medicaid	191.54	38.41		Wellcare	191.54	8.26	761.63 fee schedule					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Wellcare	Medicare	114.43		23.79	Wellcare	23.79	8.26	761.63 fee schedule					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	Horizon	PPO	306.9	38.28	40.96	Horizon	40.96	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	WellPart	WellPart	248.85	31.04	32.31	WellPart	32.31	8.26	761.63 percent of total billed charges					
BRK CHQ TISSUE PREP FOR DRUG ANAL	G0480	HCPCS	both	801.72	131.59	LHC	Medicare	114.43		14.78	LHC	14.78	8.26	761.63 fee schedule					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Consumer	Consumer	18.13	95		Consumer	18.13	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Horizon	Medicare Blue	5.72	30.44	3.57	Horizon	3.57	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Corrections	Corrections	15.28	60		Corrections	15.28	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Amnehealth	HMO/PPD	1.2	65	6.7	Amnehealth	6.7	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Aetna	Consumer	5.88	30.8		Aetna	5.88	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Aetna	Better Health	5.81	30.44		Aetna	5.81	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		First Trenton	First Trenton	17.17			First Trenton	17.17	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Aetna	Commercial	7.28	38		Aetna	7.28	5.72	6.4	90.46 percent of total billed charges				
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		American	American	14.31	75		American	14.31	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Horizon	MD	7.3		9.38	Horizon	9.38	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Managed Care Inc	Managed Care Inc	11.14	90		Managed Care Inc	11.14	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		First Health	First Health	13.38	70		First Health	13.38	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Horizon	Intersity	7.3	38.28	8.68	Horizon	8.68	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Horizon	NJ Health	9.46			Horizon	9.46	5.72	90.46 fee schedule					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Three Rivers	Three Rivers	18.13	95		Three Rivers	18.13	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Horizon	PPO	7.3	38.28	9.1	Horizon	9.1	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Multplan	Multplan	15.28	80		Multplan	15.28	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		LHC	Medicaid	30.44	5.09		LHC	30.44	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Quicare	Quicare	14.31	75		Quicare	14.31	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		Wellcare	Medicaid	5.81	30.44		Wellcare	5.81	5.72	90.46 percent of total billed charges					
HC MOD SEDAT ENDO SERVICE -XYSR	G5050	HCPCS	both	19.08		WellPart	WellPart	5.92	31.04	5.16	WellPart	5.16	5.72	90.46 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		Consumer	Consumer	193.8	95		Consumer	193.8	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		Horizon	MD	78.09	38.28	61.2	Horizon	61.2	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		Aetna	Better Health	62.1	30.44	61.2	Aetna	61.2	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		LHC	Medicaid	62.1	30.44	61.2	LHC	61.2	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		Aetna	Commercial	77.52	61.2		Aetna	77.52	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		American	American	153	61.2		American	153	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		First Health	First Health	142.8	70		First Health	142.8	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		Aetna	Medicare	62.83	30.8		Aetna	62.83	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		Corrections	Corrections	183.2	61.2		Corrections	183.2	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		Wellcare	Medicaid	61	30.44		Wellcare	61	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		First Trenton	First Trenton	193.8	61.2		First Trenton	193.8	61.2	193.8 percent of total billed charges					
BRK CHQ DRUG DEFINITIVE TEST 17 DRUG CLASS	G0940	HCPCS	outpatient	204		WellPart	WellPart	63.32	61.2		WellPart	63.32	61.2	193.8 percent of total billed charges					



University	description	code/line	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	category	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_cashed	payer_name	pln_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginet	standard_charginetms	standard_charginetmsology	additional_generic_notes	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Horizon	Medicare	1570.21	38.28			120.57	120.57									3866.81 percent of total billed charges		
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Horizon	Medicare Blue	120.57	38.28			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	WellPoint	WellPoint	120.57	38.28			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Consumer	Consumer	3866.81	95			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Quaker	Quaker	146.76	40			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Three Rivers	Three Rivers	3866.81	95			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Managed Care Inc	Managed Care Inc	3691.71	90			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Corrections	Corrections	120.57	38.28			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	UHC	Medicaid	1248.82	30.44			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Wellcare	Medicaid	1248.82	30.44			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP PELVIC & HIP CONTROL, THIGH CUFFS	L1880	HPCPS	both	41019	1578.56	Wellcare	Medicaid	1248.82	30.44			120.57	120.57										3866.81 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	First Trenton	First Trenton	197.78	90			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	First Trenton	Medicare Blue	9.59	30			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	First Health	First Health	17.49	70			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	UHC	Medicare	121.02	38.28			9.47	9.47										186.6 fee schedule	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	America	America	147.32	75			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Aetna	Better Health	97.9	30.44			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Aetna	Commercial	14.64	38			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	AmerHealth	HMO/PRO	127.67	65			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Horizon	PRO	7.59	38.28			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Three Rivers	Three Rivers	186.6	95			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Horizon	MGD	75.19	38.28			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	AmerHealth	Medicare	64.82	33			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Managed Care Inc	Managed Care Inc	197.78	90			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Aetna	Medicaid	121.02	38.28			9.47	9.47										186.6 fee schedule	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Wellcare	Medicare	121.02	38.28			9.47	9.47										186.6 fee schedule	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Horizon	Indemnity	75.19	38.28			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Wellcare	Medicaid	97.9	30.44			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Multplan	Multplan	187.14	80			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Consumer	Consumer	186.6	95			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Quaker	Quaker	147.32	75			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	Corrections	Corrections	187.14	80			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	UHC	Medicaid	97.9	30.44			9.47	9.47										186.6 percent of total billed charges	
AMS SUP SUPPORT ORTHO KNEE	L1810	HPCPS	both	196.42	139.17	WellPoint	WellPoint	97.9	30.44			9.47	9.47										186.6 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	First Health	First Health	32.77	70			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Consumer	Consumer	44.48	95			14.05	14.05										68.11 fee schedule	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Aetna	Medicare	68.11	14.05			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Horizon	MGD	17.92	38.28			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	First Trenton	First Trenton	42.14	14.05			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	America	America	35.12	75			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Aetna	Better Health	14.25	30.44			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Aetna	Commercial	17.99	38			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Wellcare	Medicaid	14.25	30.44			66.63	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Corrections	Corrections	37.46	80			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	AmerHealth	HMO/PRO	30.43	14.05			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Horizon	PRO	17.92	38.28			11.89	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Horizon	Medicare Blue	14.05	38.28			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Managed Care Inc	Managed Care Inc	47.4	14.05			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Multplan	Multplan	37.46	80			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	AmerHealth	Medicare	35.46	33			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	WellPoint	WellPoint	14.03	31.04			16.56	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Horizon	Indemnity	17.92	38.28			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Quaker	Quaker	18.73	40			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	UHC	Medicaid	14.25	30.44			27.12	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Three Rivers	Three Rivers	44.48	95			14.05	14.05										68.11 fee schedule	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	UHC	Medicare	88.11	14.05			14.05	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Horizon	NU Health	18.73	40			33.37	14.05										68.11 percent of total billed charges	
AMS SUP IMMOBILIZER KNEE	L1830	HPCPS	both	48.82	78.33	Wellcare	Medicare	68.11	14.05			14.05	14.05										68.11 fee schedule	
AMS SUP KNEE ORTH POS LOOKING JOINT	L1811	outpatient	both	1031.31	388.04	AmerHealth	AmerHealth																	







University Hospital	last_updated_on	version	hospital_location	address_line_one	city	state	zip	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargenpos	standard_chargenpos_cash	payer_name	plan_name	standard_chargennegated_dollar	standard_chargennegated_percentage	standard_chargennegated_algorithm	estimated_amount	standard_charginpin	standard_charginpin	standard_charginpinology	additional_generic_notes
code	date	id	name	line1	line2	line3	line4	id	unit	code	pos	cash	name	code	dollar	percent	code	amt	pin	pin	code	notes
AMB SUP HFO W/O JOINTS PRE OTS	2025-09-17	24.0	31019 name																			
AMB SUP HFO W/O JOINTS PRE OTS	L3809	HPCPS	outpatient								80172	24,404	Wellcare	Medicaid	24,404	100		24,404			761.03 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	296,831	1604.05 First Health	First Health	296,831	70		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	319,874	1604.05 American	American	319,874	75		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1297.53	1604.05 UHC	Medicaid	1297.53	30.44		30.44			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	140,169	1604.05 Corestone	Corestone	140,169	80		219,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1297.53	1604.05 Aetna	Better Health	1297.53	30.44		30.44			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	3196.94	1604.05 Quaker	Quaker	3196.94	75		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	148,348	1604.05 Aetna	Medicaid	148,348	35		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1619.78	1604.05 Aetna	Commercial	1619.78	38		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	140,635	1604.05 Amerihealth	Medicare	140,635	33		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	149,445	1604.05 Consumer	Medicare	149,445	65		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	3836.32	1604.05 First Trenton	First Trenton	3836.32	90		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	140,448	1604.05 Wellcare	Medicare	140,448	33		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	149,172	1604.05 Horizon	Idenity	149,172	38.28		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1297.77	1604.05 Horizon	Medicare Blue	1297.77	30.44		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1297.53	1604.05 Wellcare	Medicaid	1297.53	30.44		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	179,768	1604.05 Amerihealth	HMO/PPO	179,768	65		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1631.72	1604.05 Horizon	PPO	1631.72	38.28		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1297.53	1604.05 WellPart	WellPart	1297.53	30.44		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1297.53	1604.05 Managed Care Inc	Managed Care Inc	1297.53	30.44		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	309,328	1604.05 Three Rivers	Three Rivers	309,328	90		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	1631.72	1604.05 Horizon	MGD	1631.72	38.28		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	149,445	1604.05 Three Rivers	Three Rivers	149,445	65		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	3410.06	1604.05 Multplan	Multplan	3410.06	80		12,777			4048.45 percent of total billed charges	
AMB SUP HINGE EXTENSION/FLEX WRISTF	L3800	HPCPS	outpatient								4262.58	140,169	1604.05 UHC	Medicare	140,169	33		12,777			4048.45 fee schedule	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3913	HPCPS	outpatient								3173.22	122,471	1220.0 Horizon	Idenity	122,471	38.28		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	221.25	1220.0 First Health	First Health	221.25	70		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	2397.92	1220.0 Americare	Americare	2397.92	75		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	139.79	1220.0 Aetna	Medicare	139.79	65		951.97			3014.56 fee schedule	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	2865.9	1220.0 First Trenton	First Trenton	2865.9	90		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	126,826	1220.0 Aetna	Commercial	126,826	38		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	209,796	1220.0 Amerihealth	HMO/PPO	209,796	65		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	96,593	1220.0 Aetna	Better Health	96,593	30.44		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	124,741	1220.0 Horizon	PPO	124,741	38.28		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	139.79	1220.0 UHC	Medicare	139.79	38.28		951.97			3014.56 fee schedule	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	2538.58	1220.0 Multplan	Multplan	2538.58	80		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	2538.58	1220.0 Corestone	Corestone	2538.58	80		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	2865.9	1220.0 Managed Care Inc	Managed Care Inc	2865.9	90		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	124,741	1220.0 Horizon	MGD	124,741	38.28		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	2397.92	1220.0 Quaker	Quaker	2397.92	75		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	1047.16	1220.0 Amerihealth	Medicare	1047.16	33		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Wellcare	Medicare	100,139	33		951.97			3014.56 fee schedule	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	149,445	1220.0 Wellcare	Medicare	149,445	38.44		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	98,497	1220.0 WellPart	WellPart	98,497	30.44		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	96,593	1220.0 UHC	Medicaid	96,593	30.44		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	149,445	1220.0 Consumer	Consumer	149,445	95		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Horizon	Medicare Blue	100,139	30.44		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	307,456	1220.0 Three Rivers	Three Rivers	307,456	95		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	100,139	30		951.97			3014.56 percent of total billed charges	
AMB SUP WHO W/INTORSTORJN(NTS) CF	L3905	HPCPS	outpatient								3173.22	100,139	1220.0 Three Rivers	Three Rivers	10							

description	last_updated_on_version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargelogsadjusted_cms	payer_name	plan_name	standard_chargelogsadjusted_dollar	standard_chargelogsadjusted_percentage	standard_chargelogsadjusted_algorithm	estimated_amount	standard_charginin	standard_chargininms	standard_chargininms	standard_chargininms	additional_generic_names
University Hospital	2025-09-17 2.0.0	University Hospital	150 Brennan St	31019 TN		codebill	codebilltype															
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	AmeriHealth	Medicare					33	33.68		Medicare	112.09	33.44			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	LHC	Medicaid					33	33.68		Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Consumer	Consumer					90	33.68		Consumer	302.68	96			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	First Trenton	First Trenton					90	33.68		First Trenton	305.69	90			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	AmeriHealth	HMO/PRO					65	33.68		Medicare	220.78	65			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	WellPoint	WellPoint					31.04	33.68		WellPoint	154.43	31.04			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Corrections	Corrections					80	33.68		Corrections	271.73	80			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Horizon	Horizon					38.28	33.68		Horizon	130.02	38.28			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Multicare	Multicare					80	33.68		Multicare	271.73	80			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	LHC	Multicare					30	33.68		Multicare	113.11	30			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Horizon	Medicare Blue					101.9	33.68		Medicare Blue	336.80	101.9			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Horizon	PPD					38.28	33.68		PPD	130.02	38.28			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Qualicare	Qualicare					26.75	33.68		Qualicare	99.66	26.75			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE CST	L3917	HCPCS	130.08	Managed Care Inc	Managed Care Inc					90	33.68		Managed Care Inc	305.69	90			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3917	HCPCS	130.08	Three Rivers	Three Rivers					32.68	33.68		Three Rivers	109.66	32.68			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Consumer	Consumer					95	33.68		Consumer	322.68	95			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Aetna	Better Health					30.44	33.68		Better Health	103.39	30.44			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	LHC	Medicare					113.11	33.68		Medicare	113.11	113.11			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Americare	Americare					75	33.68		Americare	254.75	75			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Corrections	Corrections					80	33.68		Corrections	271.73	80			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Aetna	Medicare					113.11	33.68		Medicare	113.11	113.11			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Wellcare	Medicaid					30.44	33.68		Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	LHC	Medicaid					30.44	33.68		Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	First Trenton	First Trenton					305.69	33.68		First Trenton	305.69	90			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Aetna	Commercial					38	33.68		Commercial	120.07	38			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Aetna	Medicare					113.11	33.68		Medicare	113.11	113.11			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	First Health	First Health					237.76	33.68		First Health	237.76	70			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	WellPoint	WellPoint					31.04	33.68		WellPoint	154.43	31.04			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	AmeriHealth	HMO/PRO					20.78	33.68		HMO/PRO	70.65	20.78			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Horizon	MCD					130.02	33.68		MCD	130.02	38.28			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Horizon	Medicare Blue					101.9	33.68		Medicare Blue	336.80	101.9			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Horizon	PPD					38.28	33.68		PPD	130.02	38.28			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Horizon	Medicare					112.09	33.68		Medicare	112.09	33			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Managed Care Inc	Managed Care Inc					33.68	33.68		Managed Care Inc	33.68	101.9			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Horizon	Indemnity					130.02	33.68		Indemnity	130.02	38.28			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Three Rivers	Three Rivers					32.68	33.68		Three Rivers	109.66	32.68			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Multicare	Multicare					101.9	33.68		Multicare	336.80	101.9			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Qualicare	Qualicare					26.75	33.68		Qualicare	99.66	26.75			101.9	322.68	percent of total billed charges		
AMB SUP METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS	130.08	Wellcare	Medicaid					30.44	33.68		Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Americare	Americare					771.12	385.35		Americare	771.12	75			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Aetna	Better Health					30.44	385.35		Better Health	312.97	30.44			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Aetna	Commercial					38	385.35		Commercial	150.7	38			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	LHC	Medicare					343.78	385.35		Medicare	343.78	38.45			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Wellcare	Medicare					343.78	385.35		Medicare	343.78	38.45			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Aetna	Medicare					343.78	385.35		Medicare	343.78	38.45			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	First Health	First Health					719.71	385.35		First Health	719.71	70			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Consumer	Consumer					976.75	385.35		Consumer	976.75	70			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	AmeriHealth	HMO/PRO					29.29	385.35		HMO/PRO	126.69	31.04			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Corrections	Corrections					62.53	385.35		Corrections	62.53	33			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	First Trenton	HMO/PRO					49.63	385.35		First Trenton	49.63	65			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	First Trenton	First Trenton					90	385.35		First Trenton	385.34	90			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Horizon	MCD					385.58	385.35		MCD	385.58	38.28			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	WellPoint	WellPoint					31.04	385.35		WellPoint	154.43	31.04			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Multicare	Multicare					80	385.35		Multicare	62.53	80			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Horizon	Indemnity					385.58	385.35		Indemnity	385.58	38.28			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Qualicare	Qualicare					71.12	385.35		Qualicare	237.26	75			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Horizon	Medicare Blue					30	385.35		Medicare Blue	308.45	30			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Horizon	Medicaid					312.97	385.35		Medicaid	312.97	30.44			308.45	976.75	percent of total billed charges		
AMB SUP HFO W/JOINTS) CF	L3921	HCPCS	385.35	Horizon	PPD					385.58	385.35		PPD	385.58	38.28			308.45	9			





University Hospital	last_updated_on	2025-09-17	24.0	hospital_location_address_line_num10 to the best of its knowledge and belief. The hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	310179 true	rating	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginjms	standard_charginjms	standard_charginjms	standard_charginjms	additional_generic_notes	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.51					First	First Treatment	929.89	90						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.51					Horizon	Medicare Blue	929.89	30						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.52					Aetna	Commercial	362.62	90		1.02				41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.52					Multiplan	Multiplan	1148.57	80						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.57					Corrections	Corrections	626.57	80						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	34.451					LHC	Medicaid	30.44	30.44					206.62	41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.44					Wekiva	Wekiva	30.44	30.44						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	41.238					Qualcare	Qualcare	41.238	40						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.51					Horizon	MGD	36.51	38.28					277.89	41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	36.51					HCPCS	PPO	36.51	38.28						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	929.89					Managed Care Inc	Managed Care Inc	929.89	90						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	91.55					Three Rivers	Three Rivers	91.55	90						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	111.139					Corrections	Corrections	111.139	90						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1041.93					Americare	Americare	1041.93	75						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	422.88					Aetna	Better Health	422.88	30.44						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	430.31					Amnhealth	HMO/PO	430.31	65						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	527.91					Aetna	Commercial	527.91	38						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1319.78					Consumer	Consumer	1319.78	95						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	274.7					First Health	First Health	274.7	70						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1203.32					First Treatment	First Treatment	1203.32	30						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	477.89					Aetna	Aetna	477.89	30.8						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1111.39					Multiplan	Multiplan	1111.39	80						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	531.8					Horizon	PPO	531.8	38.28						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	422.88					LHC	Medicaid	422.88	30.44						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	531.8					Horizon	MGD	531.8	38.28						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	531.8					Horizon	Indemnity	531.8	38.28						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	422.88					Medicaid	Medicaid	422.88	30.44						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1260.32					Managed Care Inc	Managed Care Inc	1260.32	90						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1041.93					Qualcare	Qualcare	1041.93	75						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	430.31					WellPoint	WellPoint	430.31	31.04						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	416.77					Horizon	Medicare Blue	416.77	30						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1319.78					Three Rivers	Three Rivers	1319.78	95						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	571.21					Aetna	Aetna	571.21	47.44						41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	568.08					300.39	Aetna	Better Health	568.08	30.44						41.48	981.55 percent of total billed charges
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1379.12					300.39	Amnhealth	HMO/PO	1379.12	95						41.48	981.55 percent of total billed charges
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1379.12					300.39	Qualcare	Qualcare	1379.12	75					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	154.14					300.39	First Treatment	First Treatment	154.14	90					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1756.48					300.39	Consumer	Consumer	1756.48	95					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	261.21					300.39	Amnhealth	Medicare	261.21	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	456.29					300.39	Aetna	Commercial	456.29	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	595.44					300.39	Horizon	MGD	595.44	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	261.21					300.39	Wekiva	Medicare	261.21	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1279.77					300.39	First Health	First Health	1279.77	70				41.48	981.55 percent of total billed charges		
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	595.44					300.39	Americare	Americare	595.44	75					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	595.44					300.39	Horizon	PPO	595.44	80					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1401.46					300.39	Corrections	Corrections	1401.46	80					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	595.44					300.39	Indemnity	Indemnity	595.44	75					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1461.46					300.39	Multiplan	Multiplan	1461.46	80					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	1644.14					300.39	Managed Care Inc	Managed Care Inc	1644.14	90					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	261.21					300.39	Horizon	Medicare	261.21	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	67.44					300.39	LHC	Medicare	67.44	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	296.68					300.39	Three Rivers	Three Rivers	296.68	95					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	671.04					300.39	WellPoint	WellPoint	671.04	31.04					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	307.44					300.39	Horizon	NJ Health	307.44	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	497.72					189.21	First Treatment	First Treatment	497.72	90					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	300.86					189.21	Corrections	Corrections	300.86	90					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	342.01					189.21	First Health	First Health	342.01	70					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	164.53					189.21	Amnhealth	Medicare	164.53	70.8					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	318.37					189.21	Horizon	PPO	318.37	67.44					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	464.15					189.21	Consumer	Consumer	464.15	95					41.48	981.55 percent of total billed charges	
AMB SUP PROXOV XTRAFILAGE	L8699	HCPCS	both	103321	103321	487.72					189.21	Aetna	Commercial	487.72	30.44							





















description	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargeprogress	standard_chargeincluded_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginin	standard_charginmax	standard_charginrecovery	additional_generic_notes
UNIVERSITY HOSPITAL	2025-09-17	21.0	UNIVERSITY HOSPITAL	150 BERGEM ST	31019	MA														
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-ORG	inpatient		12689.5								11315	14592.26		11315	14592.26			
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-ORG	inpatient		1761.54								5756	20186.02		5756	20186.02			
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-ORG	inpatient		4387.22								5482	11483.61		5482	11483.61			
TRANSIENT ISCHEMIA	0471	APR-ORG	inpatient		5273.36								5082	19545.37		5082	19545.37			
TRANSIENT ISCHEMIA	0472	APR-ORG	inpatient		3026.73								991	11494.83		991	11494.83			
TRANSIENT ISCHEMIA	0473	APR-ORG	inpatient		12573.05								11229	32599.71		11229	32599.71			
TRANSIENT ISCHEMIA	0474	APR-ORG	inpatient		24924.54								22321	148333.47		22321	148333.47			
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-ORG	inpatient		5393.28								3363	18444.16		3363	18444.16			
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-ORG	inpatient		10533.47								3985	64827.15		3985	64827.15			
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-ORG	inpatient		14660.33								13053	92979.18		13053	92979.18			
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-ORG	inpatient		36326.26								32453	21428.35		32453	21428.35			
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-ORG	inpatient		14152.9								12040	14577.49		12040	14577.49			
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-ORG	inpatient		30599.99								27633	132253.23		27633	132253.23			
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-ORG	inpatient		3839.88								2639	46		2639	46			
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-ORG	inpatient		7087.85								2289.44	72706.49		2289.44	72706.49			
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-ORG	inpatient		9666.93								802	65001.41		802	65001.41			
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-ORG	inpatient		1092.29								16510.16	6291.34		16510.16	6291.34			
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-ORG	inpatient		3068.98								27418	99943.74		27418	99943.74			
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-ORG	inpatient		8348.58								20722.22	61462.81		20722.22	61462.81			
VIRAL MENINGITIS	0511	APR-ORG	inpatient		871.61								765	7207.03		765	7207.03			
VIRAL MENINGITIS	0512	APR-ORG	inpatient		1183.29								1054	8372.55		1054	8372.55			
VIRAL MENINGITIS	0513	APR-ORG	inpatient		2073.57								17342.42	6395.88		17342.42	6395.88			
VIRAL MENINGITIS	0514	APR-ORG	inpatient		4278.71								12043.03	4354.38		12043.03	4354.38			
NONTRAUMATIC STUPOR & COMA	0521	APR-ORG	inpatient		8612.63								762	5209.52		762	5209.52			
NONTRAUMATIC STUPOR & COMA	0522	APR-ORG	inpatient		10326.75								903	3767.96		903	3767.96			
NONTRAUMATIC STUPOR & COMA	0523	APR-ORG	inpatient		13584.95								12133	13992.5		12133	13992.5			
NONTRAUMATIC STUPOR & COMA	0524	APR-ORG	inpatient		34788.41								31070	8832.06		31070	8832.06			
SEIZURE	0531	APR-ORG	inpatient		8959.91								719	832.74		719	832.74			
SEIZURE	0532	APR-ORG	inpatient		9569.09								8546	9856.16		8546	9856.16			
SEIZURE	0533	APR-ORG	inpatient		14310.04								12791	9970.21		12791	9970.21			
SEIZURE	0534	APR-ORG	inpatient		36918.6								2614.58	3707.3		2614.58	3707.3			
MIGRAINE & OTHER HEADACHES	0541	APR-ORG	inpatient		8647.69								7723	34451.48		7723	34451.48			
MIGRAINE & OTHER HEADACHES	0542	APR-ORG	inpatient		9927.89								8083	7198.48		8083	7198.48			
MIGRAINE & OTHER HEADACHES	0543	APR-ORG	inpatient		12123.03								1089	4183.01		1089	4183.01			
MIGRAINE & OTHER HEADACHES	0544	APR-ORG	inpatient		2308.02								8925.97	31143.19		8925.97	31143.19			
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-ORG	inpatient		16251.62								9165	62088.54		9165	62088.54			
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-ORG	inpatient		13884.27								11388.94	32445.31		11388.94	32445.31			
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-ORG	inpatient		21800.04								15425.85	48275.08		15425.85	48275.08			
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-ORG	inpatient		42026.69								989.89	52728.21		989.89	52728.21			
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA >1 HR OR NO COMA	0561	APR-ORG	inpatient		10313.87								9211	29493.19		9211	29493.19			
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA >1 HR OR NO COMA	0562	APR-ORG	inpatient		14023.92								12017	54926.76		12017	54926.76			
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA >1 HR OR NO COMA	0563	APR-ORG	inpatient		29171.24								18534.64	12991.77		18534.64	12991.77			
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA >1 HR OR NO COMA	0564	APR-ORG	inpatient		56489.8								16091	61328.61		16091	61328.61			
CONCUSSION, CLOSED SKULL FX NOS UNCOMPLICATED INTRACRANIAL INJURY, COMA <1	0571	APR-ORG	inpatient		19184.51								9079	66425.02		9079	66425.02			
CONCUSSION, CLOSED SKULL FX NOS UNCOMPLICATED INTRACRANIAL INJURY, COMA <1	0572	APR-ORG	inpatient		10498.36								11423	42971.65		11423	42971.65			
CONCUSSION, CLOSED SKULL FX NOS UNCOMPLICATED INTRACRANIAL INJURY, COMA <1	0573	APR-ORG	inpatient		18016.71								16091	204845.26		16091	204845.26			
CONCUSSION, CLOSED SKULL FX NOS UNCOMPLICATED INTRACRANIAL INJURY, COMA <1	0574	APR-ORG	inpatient		4125.76								38064	118811.42		38064	118811.42			
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-ORG	inpatient		959.69								809	4228.25		809	4228.25			
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-ORG	inpatient		11959.02								1081	61221.49		1081	61221.49			
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-ORG	inpatient		15646.0								14061	53755.35		14061	53755.35			
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-ORG	inpatient		3748.47								2419.21	7499.7		2419.21	7499.7			
ORBITAL PROCEDURES	0701	APR-ORG	inpatient		14889.7								1259	15386.39		1259	15386.39			
ORBITAL PROCEDURES	0702	APR-ORG	inpatient		20377.5								16378	21948.83		16378	21948.83			
ORBITAL PROCEDURES	0703	APR-ORG	inpatient		33750.01								13428	34782.51		13428	34782.51			
ORBITAL PROCEDURES	0704	APR-ORG	inpatient		8365.06								7474	86996.61		7474	86996.61			
EYE PROCEDURES EXCEPT ORBIT	0731	APR-ORG	inpatient		13977.74								12661	12664.07		12661	12664.07			
EYE PROCEDURES EXCEPT ORBIT	0732	APR-ORG	inpatient		15221.94								13956	19578.6		13956	19578.6			
EYE PROCEDURES EXCEPT ORBIT	0733	APR-ORG	inpatient		25401.71								22722	26203.93		22722	26203.93			
EYE PROCEDURES EXCEPT ORBIT	0734	APR-ORG	inpatient		6921.139								2487.26	89944.24		2487.26	89944.24			
ACUTE MAJOR EYE INFECTIONS	0801	APR-ORG	inpatient		6692.39								5777	60706.59		5777	60706.59			
ACUTE MAJOR EYE INFECTIONS	0802	APR-ORG	inpatient		9100.19								8199	12356.23		8199	12356.23			
ACUTE MAJOR EYE INFECTIONS	0803	APR-ORG	inpatient		919.89								1339	17173.95		1339	17173.95			
ACUTE MAJOR EYE INFECTIONS	0804	APR-ORG	inpatient		25678.34								13038.82	47988.11		13038.82	47988.11			
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-ORG	inpatient		782.73								699	9338.46		699	9338.46			
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-ORG	inpatient		452.23								871	4799.87		871	4799.87			
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-ORG	inpatient		14048.01								1547	17649.07		1547	17649.07			
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-ORG	inpatient		20362.23								2025	6598.96		2025	6598.96			
MAJOR CRANIOFACIAL BONE PROCEDURES	0891	APR-ORG	inpatient		25360.22															

University Hospital	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code_type	code	unit_of_measurement	type_of_measurement	standard_charge	standard_charge_inclusive_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_chargin	standard_charginnms	standard_charginnmscategory	additional_generic_nms
MAJOR CHEST & RESPIRATORY TRAUMA	2025-09-17	2.0.0	University Hos	159	Begun St	31019	true	00000														
MAJOR CHEST & RESPIRATORY TRAUMA	1382	APR-ORG	inpatient	Actra	Actra	Health	12973.59												11887	13302.8	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1383	APR-ORG	inpatient	Actra	Actra	Health	1894.06												18911	1962.7	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1384	APR-ORG	inpatient	Actra	Actra	Health	30714.62												31807	3276.47	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1381	APR-ORG	inpatient	Actra	Actra	Health	10584.81												8482	10912.65	case rate	
RESPIRATORY MALGNANCY	1382	APR-ORG	inpatient	Actra	Actra	Health	134650.81												1382	1385.99	case rate	
RESPIRATORY MALGNANCY	1363	APR-ORG	inpatient	Actra	Actra	Health	20058.6												18183	20966.36	case rate	
RESPIRATORY MALGNANCY	1384	APR-ORG	inpatient	Actra	Actra	Health	33000.56												24841	33989.85	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-ORG	inpatient	Actra	Actra	Health	9698.76												9917	9971.36	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-ORG	inpatient	Actra	Actra	Health	12516.59												11179	12862.09	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-ORG	inpatient	Actra	Actra	Health	18911.57												16004	19146.32	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-ORG	inpatient	Actra	Actra	Health	31457.45												28111	32415.71	case rate	
BRONCHOLITIS & RSV PNEUMONIA	1381	APR-ORG	inpatient	Actra	Actra	Health	4581.39												4200	4638.43	case rate	
BRONCHOLITIS & RSV PNEUMONIA	1382	APR-ORG	inpatient	Actra	Actra	Health	6814.42												6095	7017.82	case rate	
BRONCHOLITIS & RSV PNEUMONIA	1383	APR-ORG	inpatient	Actra	Actra	Health	10380.66												9456	10791.91	case rate	
BRONCHOLITIS & RSV PNEUMONIA	1384	APR-ORG	inpatient	Actra	Actra	Health	40547.1												36213	41783.51	case rate	
OTHER PNEUMONIA	1381	APR-ORG	inpatient	Actra	Actra	Health	6615.65												5909	6814.12	case rate	
OTHER PNEUMONIA	1382	APR-ORG	inpatient	Actra	Actra	Health	9259.09												8299	9271.85	case rate	
OTHER PNEUMONIA	1383	APR-ORG	inpatient	Actra	Actra	Health	14600.2												13040	15038.21	case rate	
OTHER PNEUMONIA	1384	APR-ORG	inpatient	Actra	Actra	Health	28809.9												22006	28263.51	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-ORG	inpatient	Actra	Actra	Health	7868.63												8847	7896.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-ORG	inpatient	Actra	Actra	Health	9572.07												8549	8989.23	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-ORG	inpatient	Actra	Actra	Health	13065.03												11669	13488.99	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-ORG	inpatient	Actra	Actra	Health	25383.78												22071	26145.27	case rate	
ASTHMA	1411	APR-ORG	inpatient	Actra	Actra	Health	5872.99												5245	6048.19	case rate	
ASTHMA	1412	APR-ORG	inpatient	Actra	Actra	Health	8417.45												7518	8663.97	case rate	
ASTHMA	1413	APR-ORG	inpatient	Actra	Actra	Health	12063.61												10774	12425.52	case rate	
ASTHMA	1414	APR-ORG	inpatient	Actra	Actra	Health	22888.55												20371	23492.81	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-ORG	inpatient	Actra	Actra	Health	9838.13												8787	10133.27	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-ORG	inpatient	Actra	Actra	Health	11864.97												10686	12320.92	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-ORG	inpatient	Actra	Actra	Health	17313.04												15463	17832.43	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-ORG	inpatient	Actra	Actra	Health	38093.93												37865	41568.85	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-ORG	inpatient	Actra	Actra	Health	7313.45												6532	7532.85	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-ORG	inpatient	Actra	Actra	Health	10732.72												9598	11507.79	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-ORG	inpatient	Actra	Actra	Health	16253.42												14720	17195.12	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-ORG	inpatient	Actra	Actra	Health	28197.87												25148	29002.71	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-ORG	inpatient	Actra	Actra	Health	7163.61												6388	7378.52	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-ORG	inpatient	Actra	Actra	Health	8077.44												7198	8652.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-ORG	inpatient	Actra	Actra	Health	12267.34												10952	12831.21	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-ORG	inpatient	Actra	Actra	Health	21927.84												20209	22153.08	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-ORG	inpatient	Actra	Actra	Health	45662.79												41500	47341.87	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-ORG	inpatient	Actra	Actra	Health	5361.84												4781	5520.5	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-ORG	inpatient	Actra	Actra	Health	8115.12												7513	8828.85	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-ORG	inpatient	Actra	Actra	Health	18015.22												16149	18628.68	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-ORG	inpatient	Actra	Actra	Health	8225.51												55275	64092.69	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-ORG	inpatient	Actra	Actra	Health	83338.48												81747	87343.48	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-ORG	inpatient	Actra	Actra	Health	129197.28												115388	133073.2	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-ORG	inpatient	Actra	Actra	Health	310008.62												278075	318300.91	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1621	APR-ORG	inpatient	Actra	Actra	Health	6662.64												6246	6807.19	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1622	APR-ORG	inpatient	Actra	Actra	Health	7396.38												68087	76218.27	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1623	APR-ORG	inpatient	Actra	Actra	Health	8766.11												81462	103086.36	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1624	APR-ORG	inpatient	Actra	Actra	Health	14602.69												13664	15864.62	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1631	APR-ORG	inpatient	Actra	Actra	Health	5551.31												49133	56683.71	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1632	APR-ORG	inpatient	Actra	Actra	Health	10203.65												8544	10188.84	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1633	APR-ORG	inpatient	Actra	Actra	Health	81002.51												72368	83484.39	case rate	
CARDIAC VALVE PROCEDURES W/ AMI OR COMPLEX PDX	1634	APR-ORG	inpatient	Actra	Actra	Health	130612.68												116622	134331.06	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1661	APR-ORG	inpatient	Actra	Actra	Health	61602.6												58331	68331.14	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1662	APR-ORG	inpatient	Actra	Actra	Health	61920.63												58229	63808.15	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1663	APR-ORG	inpatient	Actra	Actra	Health	78701.62												70343	81124.47	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1664	APR-ORG	inpatient	Actra	Actra	Health	112747.78												102718	120785.21	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1661	APR-ORG	inpatient	Actra	Actra	Health	47824.85												42355	49053.6	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1662	APR-ORG	inpatient	Actra	Actra	Health	53971.84												48003	55591	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1663	APR-ORG	inpatient	Actra	Actra	Health	87414.93												80437	94321.19	case rate	
CORONARY BYPASS W/ AMI OR COMPLEX PDX	1664	APR-ORG	inpatient	Actra	Actra	Health	102591.86												91627	105669.82	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-ORG	inpatient	Actra	Actra	Health	44734.02												39953	46070.04	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-ORG	inpatient	Actra	Actra	Health	34272.44												31181	35182.43	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-ORG	inpatient	Actra	Actra	Health	67964.78												60884	69888.19	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-ORG	inpatient	Actra	Actra	Health	118823.23												108003	122665	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-ORG	inpatient	Actra	Actra	Health	25659.84												22890	26366.74	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-ORG	inpatient	Actra	Actra	Health	33888.06												30248	34884.1	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-ORG	inpatient	Actra	Actra	Health	54977.79												49524	58264.2	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-ORG	inpatient	Actra	Actra	Health	99738.31												88078	102735.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/ AMI, HEART FAILURE OR SHOCK	1701	APR-ORG	inpatient	Actra	Actra	Health	35973.2												31324	36124.36	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/ AMI, HEART FAILURE OR SHOCK	1702	APR-ORG	inpatient	Actra	Actra	Health	37412.27												33114	38358.67	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/ AMI, HEART FAILURE OR SHOCK	1703	APR-ORG	inpatient	Actra	Actra	Health	45648.08												41035	47324.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/ AMI, HEART FAILURE OR SHOCK	1704	APR-ORG	inpatient	Actra	Actra	Health	734															

description	last_updated_on	version	hospital_location	hospital_address	license_number	to_the_best_of_our_knowledge_and_belief_the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50_and_the_information_enclosed_is_true_accurate_and_complete_as_of_the_date_indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_charge	standard_charge_included_cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_in	standard_charges	standard_charge_includes	additional_generic_notes
code	date	id	city	state	zip	name														
CARDIAC ARRYTHMIA & CONDUCTION DISORDERS	2025-09-17	2.0.0	University Hosp 150	Begon St	31019	trua			8551.44		Aetna	Better Health	15314.09			11730	8807.98	case rate		
CARDIAC ARRYTHMIA & CONDUCTION DISORDERS	2012	APR-ORG									Aetna	Better Health	17323.65			24539	13268.11	case rate		
CARDIAC ARRYTHMIA & CONDUCTION DISORDERS	2013	APR-ORG									Aetna	Better Health	7382.9			6584	7854.39	case rate		
CARDIAC ARRYTHMIA & CONDUCTION DISORDERS	2014	APR-ORG									Aetna	Better Health	8595.31			7699	8653.7	case rate		
CHEST PAIN	2021	APR-ORG									Aetna	Better Health	10719.24			9573	11020.79	case rate		
CHEST PAIN	2022	APR-ORG									Aetna	Better Health	1941.49			1781	2044.33	case rate		
CHEST PAIN	2023	APR-ORG									Aetna	Better Health	8208.54			7331	8458.8	case rate		
CHEST PAIN	2024	APR-ORG									Aetna	Better Health	9268.84			8278	9546.91	case rate		
SYNCOPE & COLLAPSE	2041	APR-ORG									Aetna	Better Health	11684.49			10445	12045.32	case rate		
SYNCOPE & COLLAPSE	2042	APR-ORG									Aetna	Better Health	23974.4			21412	24959.84	case rate		
SYNCOPE & COLLAPSE	2043	APR-ORG									Aetna	Better Health	9268.84			8278	9546.91	case rate		
SYNCOPE & COLLAPSE	2044	APR-ORG									Aetna	Better Health	11684.49			10445	12045.32	case rate		
CARDIOMYOPATHY	2051	APR-ORG									Aetna	Better Health	10133.38			9059	10437.59	case rate		
CARDIOMYOPATHY	2052	APR-ORG									Aetna	Better Health	14620.83			13065	15027.89	case rate		
CARDIOMYOPATHY	2053	APR-ORG									Aetna	Better Health	38958.58			32059	36972.45	case rate		
CARDIOMYOPATHY	2054	APR-ORG									Aetna	Better Health	9077.37			8108	9350.72	case rate		
MAJUNCTION REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-ORG									Aetna	Better Health	19927.12			1768	19997.64	case rate		
MAJUNCTION REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-ORG									Aetna	Better Health	1871.12			15913	1835.63	case rate		
MAJUNCTION REACTION, COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-ORG									Aetna	Better Health	3332.77			29770	34332.70	case rate		
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-ORG									Aetna	Better Health	789.44			763	834.36	case rate		
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-ORG									Aetna	Better Health	10476.86			9357	10791.17	case rate		
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-ORG									Aetna	Better Health	15235.69			13289	15972.16	case rate		
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-ORG									Aetna	Better Health	29672.49			26051	30562.66	case rate		
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-ORG									Aetna	Better Health	20222.88			18061	20820.57	case rate		
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-ORG									Aetna	Better Health	30042.43			26837	30465.88	case rate		
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-ORG									Aetna	Better Health	48724.52			43057	50186.26	case rate		
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-ORG									Aetna	Better Health	8697.98			8647	9696.38	case rate		
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-ORG									Aetna	Better Health	2968.38			2631	3125.47	case rate		
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-ORG									Aetna	Better Health	2676.79			2387	2759.49	case rate		
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-ORG									Aetna	Better Health	4345.13			3812	4470.84	case rate		
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-ORG									Aetna	Better Health	8619.12			7624	8939.68	case rate		
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-ORG									Aetna	Better Health	1534.29			1373	1584.92	case rate		
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-ORG									Aetna	Better Health	1960.29			1751	2040.83	case rate		
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-ORG									Aetna	Better Health	3464.68			3043	3382.93	case rate		
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-ORG									Aetna	Better Health	7789.17			6939	8028.01	case rate		
OTHER SMALL & LARGE BOWEL PROCEDURES	2221	APR-ORG									Aetna	Better Health	9442.252			8486	10585.52	case rate		
OTHER SMALL & LARGE BOWEL PROCEDURES	2222	APR-ORG									Aetna	Better Health	2179.78			1949	2242.74	case rate		
OTHER SMALL & LARGE BOWEL PROCEDURES	2223	APR-ORG									Aetna	Better Health	3661.85			3200	3712.27	case rate		
OTHER SMALL & LARGE BOWEL PROCEDURES	2224	APR-ORG									Aetna	Better Health	7902.99			7025	7789.17	case rate		
PERITONEAL ADHESIOSIS	2241	APR-ORG									Aetna	Better Health	1852.95			1654	1873.67	case rate		
PERITONEAL ADHESIOSIS	2242	APR-ORG									Aetna	Better Health	2425.93			2183	2490.61	case rate		
PERITONEAL ADHESIOSIS	2243	APR-ORG									Aetna	Better Health	3671.42			3297	3782.05	case rate		
PERITONEAL ADHESIOSIS	2244	APR-ORG									Aetna	Better Health	6625.94			5852	6865.62	case rate		
APPENDICITOMY	2251	APR-ORG									Aetna	Better Health	1286.82			1134	1306.52	case rate		
APPENDICITOMY	2252	APR-ORG									Aetna	Better Health	1629.26			1504	1733.98	case rate		
APPENDICITOMY	2253	APR-ORG									Aetna	Better Health	2813.22			2583	2978.62	case rate		
APPENDICITOMY	2254	APR-ORG									Aetna	Better Health	5503.87			4912	5684.89	case rate		
ANAL PROCEDURES	2261	APR-ORG									Aetna	Better Health	1028.41			917	1027.14	case rate		
ANAL PROCEDURES	2262	APR-ORG									Aetna	Better Health	1387.88			1212	1434.82	case rate		
ANAL PROCEDURES	2263	APR-ORG									Aetna	Better Health	4268.49			3744	4334.62	case rate		
ANAL PROCEDURES	2264	APR-ORG									Aetna	Better Health	4834.38			4343	4785.31	case rate		
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & LUMBILICAL	2271	APR-ORG									Aetna	Better Health	1593.93			1429	1642.55	case rate		
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & LUMBILICAL	2272	APR-ORG									Aetna	Better Health	2306.2			2019	2291.19	case rate		
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & LUMBILICAL	2273	APR-ORG									Aetna	Better Health	3285.85			2931	3387.43	case rate		
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & LUMBILICAL	2274	APR-ORG									Aetna	Better Health	6700.68			6045	6977.17	case rate		
INGUINAL, FEMORAL & LUMBILICAL, HERNIA PROCEDURES	2281	APR-ORG									Aetna	Better Health	12009.09			1078	12381.82	case rate		
INGUINAL, FEMORAL & LUMBILICAL, HERNIA PROCEDURES	2282	APR-ORG									Aetna	Better Health	1567.95			1399	16144.17	case rate		
INGUINAL, FEMORAL & LUMBILICAL, HERNIA PROCEDURES	2283	APR-ORG									Aetna	Better Health	247.78			2103	2478.19	case rate		
INGUINAL, FEMORAL & LUMBILICAL, HERNIA PROCEDURES	2284	APR-ORG									Aetna	Better Health	6365.07			5700	6526.72	case rate		
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-ORG									Aetna	Better Health	16590.17			14817	17087.88	case rate		
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-ORG									Aetna	Better Health	2288.79			2040	2327.35	case rate		
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-ORG									Aetna	Better Health	3728.44			3328	3491.33	case rate		
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-ORG									Aetna	Better Health	7730.71			6910	7970.13	case rate		
DIGESTIVE MALIGNANCY	2401	APR-ORG									Aetna	Better Health	1036.02			928	1067.7	case rate		
DIGESTIVE MALIGNANCY	2402	APR-ORG									Aetna	Better Health	1926.56			1696	1964.13	case rate		
DIGESTIVE MALIGNANCY	2403	APR-ORG									Aetna	Better Health	1951.99			1749	2018.12	case rate		
DIGESTIVE MALIGNANCY	2404	APR-ORG									Aetna	Better Health	5048.37			4516	5022.79	case rate		
PEPTIC ULCER & GASTRITIS	2411	APR-ORG									Aetna	Better Health	8918.08			793	9062.62	case rate		
PEPTIC ULCER & GASTRITIS	2412	APR-ORG									Aetna	Better Health	1926.85			1768	1924.96	case rate		
PEPTIC ULCER & GASTRITIS	2413	APR-ORG									Aetna	Better Health	14553.85			1293	16025.49	case rate		
PEPTIC ULCER & GASTRITIS	2414	APR-ORG									Aetna	Better Health	3843.41			3430	3956.54	case rate		
MAJOR ESOPHAGEAL DISORDERS	2421	APR-ORG									Aetna	Better Health	889.8			789	899.35	case rate		





hospital	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	last_updated_on	version	code_type	description	unit_of_measurement	type_of_measurement	standard_charge	standard_charge_included_cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_in	standard_charges	standard_charge_includes	additional_generic_codes
University Hospital	University Hsp 150 Bergen St	31019	true	2025-09-17	21.0	csn01	uterine & adnexa procedures for ovarian & adnexal malignancy	unit	diagnosis	2417.29				21549			21549	24851.74	case rate		
UTERINE & ADnexa PROCEDURES FOR Ovarian & Adnexal Malignancy						5112	APR-ORG	unit		3622.71				32249			32249	37301.33	case rate		
UTERINE & ADnexa PROCEDURES FOR Ovarian & Adnexal Malignancy						5113	APR-ORG	unit		7752.27				7752			7752	7946.38	case rate		
UTERINE & ADnexa PROCEDURES FOR Ovarian & Adnexal Malignancy						5114	APR-ORG	unit		17105.1				15277			15277	17818.25	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Ovarian & Non-Adnexal Malig						5121	APR-ORG	unit		20127.99				19177			19177	20713.83	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Ovarian & Non-Adnexal Malig						5122	APR-ORG	unit		31655.54				28346			28346	32573.34	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Ovarian & Non-Adnexal Malig						5123	APR-ORG	unit		64611.61				57706			57706	65484.96	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Ovarian & Non-Adnexal Malig						5124	APR-ORG	unit		13091.56				11679			11679	12485.88	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Malignancy EXCEPT Leiomyoma						5131	APR-ORG	unit		15351.6				13711			13711	15812.15	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Malignancy EXCEPT Leiomyoma						5132	APR-ORG	unit		29183.4				22482			22482	25939.9	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Malignancy EXCEPT Leiomyoma						5133	APR-ORG	unit		60888.67				54362			54362	62716.26	case rate		
UTERINE & ADnexa PROCEDURES FOR Non-Malignancy EXCEPT Leiomyoma						5134	APR-ORG	unit		10770.3				9619			9619	11093.41	case rate		
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES						5142	APR-ORG	unit		15660.91				13919			13919	16110.14	case rate		
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES						5143	APR-ORG	unit		27889.03				24194			24194	27981.7	case rate		
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES						5144	APR-ORG	unit		7578.2				6754			6754	7730.55	case rate		
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES						5171	APR-ORG	unit		10383.33				9256			9256	10674.23	case rate		
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES						5172	APR-ORG	unit		13068.72				11645			11645	13425.88	case rate		
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES						5173	APR-ORG	unit		23030.34				20349			20349	24837.95	case rate		
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES						5174	APR-ORG	unit		36284.54				31864			31864	37071.08	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES						5181	APR-ORG	unit		12311.21				10701			10701	12301.15	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES						5182	APR-ORG	unit		16955.21				15179			15179	17505.07	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES						5183	APR-ORG	unit		31925.62				27975			27975	31987.21	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES						5184	APR-ORG	unit		70538.37				63088			63088	72757.52	case rate		
UTERINE & ADnexa PROCEDURES FOR Leiomyoma						5191	APR-ORG	unit		13698.38				12208			12208	14079.46	case rate		
UTERINE & ADnexa PROCEDURES FOR Leiomyoma						5192	APR-ORG	unit		15384.32				14642			14642	16886.15	case rate		
UTERINE & ADnexa PROCEDURES FOR Leiomyoma						5193	APR-ORG	unit		29593.92				26431			26431	30481.7	case rate		
UTERINE & ADnexa PROCEDURES FOR Leiomyoma						5194	APR-ORG	unit		7350.19				6564			6564	7505.2	case rate		
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY						5381	APR-ORG	unit		8265.68				7382			7382	8513.96	case rate		
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY						5382	APR-ORG	unit		10826.13				9480			9480	10944.91	case rate		
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY						5383	APR-ORG	unit		17541.81				16005			16005	18482.12	case rate		
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY						5384	APR-ORG	unit		33061.12				29510			29510	34033.38	case rate		
FEMALE REPRODUCTIVE SYSTEM INFECTIONS						5311	APR-ORG	unit		7518.23				6715			6715	7743.78	case rate		
FEMALE REPRODUCTIVE SYSTEM INFECTIONS						5312	APR-ORG	unit		10120.28				9040			9040	10425.72	case rate		
FEMALE REPRODUCTIVE SYSTEM INFECTIONS						5313	APR-ORG	unit		16589.12				14623			14623	16417.89	case rate		
FEMALE REPRODUCTIVE SYSTEM INFECTIONS						5314	APR-ORG	unit		31022.11				27889			27889	31932.17	case rate		
Menstrual & Other Female Reproductive System Disorders						5321	APR-ORG	unit		65343.01				5906			5906	6780.03	case rate		
Menstrual & Other Female Reproductive System Disorders						5322	APR-ORG	unit		8069.87				7252			7252	8308.88	case rate		
Menstrual & Other Female Reproductive System Disorders						5323	APR-ORG	unit		13208.88				11844			11844	13664.71	case rate		
Menstrual & Other Female Reproductive System Disorders						5324	APR-ORG	unit		27125.15				24252			24252	27988.77	case rate		
Cesarean Delivery						5401	APR-ORG	unit		8238.32				7438			7438	8578.17	case rate		
Cesarean Delivery						5402	APR-ORG	unit		99675.79				8892			8892	10246.46	case rate		
Cesarean Delivery						5403	APR-ORG	unit		142725.8				12747			12747	14700.75	case rate		
Cesarean Delivery						5404	APR-ORG	unit		40377.48				36062			36062	41588.8	case rate		
Vaginal Delivery w/ Sterilization &OR D&C						5411	APR-ORG	unit		794.13				708			708	8172.15	case rate		
Vaginal Delivery w/ Sterilization &OR D&C						5412	APR-ORG	unit		8633.37				7711			7711	8862.17	case rate		
Vaginal Delivery w/ Sterilization &OR D&C						5413	APR-ORG	unit		12863.82				11480			11480	13288.43	case rate		
Vaginal Delivery w/ Sterilization &OR D&C						5414	APR-ORG	unit		42680.07				40140			40140	46063.45	case rate		
Vaginal Delivery w/ Complicating Procedures EXC Sterilization &OR D&C						5421	APR-ORG	unit		488.4				434			434	498.87	case rate		
Vaginal Delivery w/ Complicating Procedures EXC Sterilization &OR D&C						5422	APR-ORG	unit		7360.73				6556			6556	7561.95	case rate		
Vaginal Delivery w/ Complicating Procedures EXC Sterilization &OR D&C						5423	APR-ORG	unit		15865.3				14117			14117	16281.73	case rate		
Vaginal Delivery w/ Complicating Procedures EXC Sterilization &OR D&C						5424	APR-ORG	unit		32613.48				27169			27169	31497.88	case rate		
D&C, Aspiration Curettage OR Hysterotomy For Obstetric Diagnoses						5441	APR-ORG	unit		8301.11				7421			7421	8558.38	case rate		
D&C, Aspiration Curettage OR Hysterotomy For Obstetric Diagnoses						5442	APR-ORG	unit		98353.03				8785			8785	10133.8	case rate		
D&C, Aspiration Curettage OR Hysterotomy For Obstetric Diagnoses						5443	APR-ORG	unit		16305.58				14558			14558	16789.6	case rate		
D&C, Aspiration Curettage OR Hysterotomy For Obstetric Diagnoses						5444	APR-ORG	unit		4581.91				4092			4092	4720.16	case rate		
Ectopic Pregnancy Procedure						5451	APR-ORG	unit		11884.72				10624			10624	12252.59	case rate		
Ectopic Pregnancy Procedure						5452	APR-ORG	unit		13055.62				11660			11660	13447.29	case rate		
Ectopic Pregnancy Procedure						5453	APR-ORG	unit		15734.15				14070			14070	16226.77	case rate		
Ectopic Pregnancy Procedure						5454	APR-ORG	unit		29730.2				26560			26560	29615.8	case rate		
Other O.R. Proc For Obstetric Diagnoses EXCEPT Delivery Diagnoses						5461	APR-ORG	unit		9074.63				8105			8105	9346.87	case rate		
Other O.R. Proc For Obstetric Diagnoses EXCEPT Delivery Diagnoses						5462	APR-ORG	unit		12925				11454			11454	13209.75	case rate		
Other O.R. Proc For Obstetric Diagnoses EXCEPT Delivery Diagnoses						5463	APR-ORG	unit		24575.59				21945			21945	25312.86	case rate		
Other O.R. Proc For Obstetric Diagnoses EXCEPT Delivery Diagnoses						5464	APR-ORG	unit		69557.15				59801			59801	68865.86	case rate		
Vaginal Delivery						5601	APR-ORG	unit		4913.35				4384			4384	5001.75	case rate		
Vaginal Delivery						5602	APR-ORG	unit		9560.27				8498			8498	9786.48	case rate		
Vaginal Delivery						5603	APR-ORG	unit		8055.44				7198			7198	8297.1	case rate		
Vaginal Delivery						5604	APR-ORG	unit		24020.02				21453			21453	24741.14	case rate		
Postpartum & Post Abortion Diagnoses WO Procedure						5611	APR-ORG	unit		3853.44				3442			3442	3955.04	case rate		
Postpartum & Post Abortion Diagnoses WO Procedure						5612	APR-ORG	unit		6200.62				5538							

description	last_updated_on	version	hospital_location	hospital_address	license_number	to_the_best_of_our_knowledge_and_belief_the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50_and_the_information_enclosed_is_true_accurate_and_complete_as_of_the_date_indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargeprogress	standard_chargeincluded_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginin	standard_chargemin	standard_charginemethodology	additional_generic_notes
University Hospital	2025-09-17	2.0.0	University Hosp 150	Begon St	31019	tn														
asepsia	6142	APR-ORG	inpatient	Actra	Better Health	4268.78							6211.35			37888	37888	43864.74	case rate	
NEONATE BMT 1500-2499G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-ORG	inpatient	Actra	Better Health	4268.78							6211.35			61814	61814	7289.09	case rate	
NEONATE BMT 1500-2499G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-ORG	inpatient	Actra	Better Health	4268.78							7433.24			7433.24	7433.24	7625.37	case rate	
NEONATE BMT 2000-2499G W MAJOR ANOMALY	6211	APR-ORG	inpatient	Actra	Better Health	14700.77							14700.77			12310	12310	15234.49	case rate	
NEONATE BMT 2000-2499G W MAJOR ANOMALY	6212	APR-ORG	inpatient	Actra	Better Health	14700.77							20009.97			20009.97	20009.97	22075.27	case rate	
NEONATE BMT 2000-2499G W MAJOR ANOMALY	6213	APR-ORG	inpatient	Actra	Better Health	14700.77							53974.12			48152	48152	55531.54	case rate	
NEONATE BMT 2000-2499G W MAJOR ANOMALY	6214	APR-ORG	inpatient	Actra	Better Health	14700.77							10660.92			95209	95209	109801.01	case rate	
NEONATE BMT 2000-2499G W RESP DIST SYNDROMH MAJ RESP COND	6221	APR-ORG	inpatient	Actra	Better Health	2990.428							2990.428			2990	2990	34831.71	case rate	
NEONATE BMT 2000-2499G W RESP DIST SYNDROMH MAJ RESP COND	6222	APR-ORG	inpatient	Actra	Better Health	2990.428							35448.84			31658	31658	36105.25	case rate	
NEONATE BMT 2000-2499G W RESP DIST SYNDROMH MAJ RESP COND	6223	APR-ORG	inpatient	Actra	Better Health	2990.428							5167.97			46156	46156	53230.09	case rate	
NEONATE BMT 2000-2499G W RESP DIST SYNDROMH MAJ RESP COND	6224	APR-ORG	inpatient	Actra	Better Health	2990.428							8266.01			7300	7300	85144.86	case rate	
NEONATE BMT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-ORG	inpatient	Actra	Better Health	18956.56							18956.56			16900	16900	19525.26	case rate	
NEONATE BMT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-ORG	inpatient	Actra	Better Health	18956.56							32971.16			28449	28449	33962.35	case rate	
NEONATE BMT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-ORG	inpatient	Actra	Better Health	18956.56							5363.426			4763	4763	55233.26	case rate	
NEONATE BMT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-ORG	inpatient	Actra	Better Health	18956.56							11556.11			72839	72839	84002.79	case rate	
NEONATE BMT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-ORG	inpatient	Actra	Better Health	22554.41							22554.41			20144	20144	23231.04	case rate	
NEONATE BMT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-ORG	inpatient	Actra	Better Health	22554.41							32418.44			28332	28332	33302.29	case rate	
NEONATE BMT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-ORG	inpatient	Actra	Better Health	22554.41							4392.42			39209	39209	45312.19	case rate	
NEONATE BMT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-ORG	inpatient	Actra	Better Health	22554.41							6022.32			58073	58073	68972.99	case rate	
NEONATE BMT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-ORG	inpatient	Actra	Better Health	2942							2942			2002	2002	2392.26	case rate	
NEONATE BMT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-ORG	inpatient	Actra	Better Health	2942							5545.94			4953	4953	5712.32	case rate	
NEONATE BMT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-ORG	inpatient	Actra	Better Health	2942							14427			14427	14427	16722.86	case rate	
NEONATE BMT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-ORG	inpatient	Actra	Better Health	2942							36425.2			32532	32532	37517.96	case rate	
NEONATE BIRTHWT 2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-ORG	inpatient	Actra	Better Health	34325.16							34325.16			30556	30556	35364.91	case rate	
NEONATE BIRTHWT 2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-ORG	inpatient	Actra	Better Health	34325.16							49045.63			43047	43047	50647.87	case rate	
NEONATE BIRTHWT 2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-ORG	inpatient	Actra	Better Health	34325.16							74324.44			65580	65580	75831.29	case rate	
NEONATE BIRTHWT 2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-ORG	inpatient	Actra	Better Health	34325.16							18838.9			15932	15932	17444.29	case rate	
NEONATE BIRTHWT 2499G W OTHER MAJOR PROCEDURE	6311	APR-ORG	inpatient	Actra	Better Health	12271.56							12271.56			10713	10713	12585.74	case rate	
NEONATE BIRTHWT 2499G W OTHER MAJOR PROCEDURE	6312	APR-ORG	inpatient	Actra	Better Health	12271.56							23872.21			21231	21231	24588.38	case rate	
NEONATE BIRTHWT 2499G W OTHER MAJOR PROCEDURE	6313	APR-ORG	inpatient	Actra	Better Health	12271.56							3564.49			31700	31700	36584.12	case rate	
NEONATE BIRTHWT 2499G W OTHER MAJOR PROCEDURE	6314	APR-ORG	inpatient	Actra	Better Health	12271.56							14949.24			13291	13291	153975.98	case rate	
NEONATE BIRTHWT 2499G W MAJOR ANOMALY	6331	APR-ORG	inpatient	Actra	Better Health	4209.11							4209.11			3759	3759	4335.38	case rate	
NEONATE BIRTHWT 2499G W MAJOR ANOMALY	6332	APR-ORG	inpatient	Actra	Better Health	4209.11							1190.34			10700	10700	12308.75	case rate	
NEONATE BIRTHWT 2499G W MAJOR ANOMALY	6333	APR-ORG	inpatient	Actra	Better Health	4209.11							2542.83			2236	2236	2587.11	case rate	
NEONATE BIRTHWT 2499G W MAJOR ANOMALY	6334	APR-ORG	inpatient	Actra	Better Health	4209.11							78410.89			68244	68244	78703.22	case rate	
NEONATE BIRTHWT 2499G W RESP DIST SYNDROMH MAJ RESP COND	6341	APR-ORG	inpatient	Actra	Better Health	1635.05							1635.05			1177	1177	1367.12	case rate	
NEONATE BIRTHWT 2499G W RESP DIST SYNDROMH MAJ RESP COND	6342	APR-ORG	inpatient	Actra	Better Health	1635.05							1635.05			1371	1371	1562.51	case rate	
NEONATE BIRTHWT 2499G W RESP DIST SYNDROMH MAJ RESP COND	6343	APR-ORG	inpatient	Actra	Better Health	1635.05							3240.53			29000	29000	33444.65	case rate	
NEONATE BIRTHWT 2499G W RESP DIST SYNDROMH MAJ RESP COND	6344	APR-ORG	inpatient	Actra	Better Health	1635.05							8720.62			7729	7729	8733.34	case rate	
NEONATE BIRTHWT 2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-ORG	inpatient	Actra	Better Health	10376.34							10376.34			9174	9174	11022.63	case rate	
NEONATE BIRTHWT 2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-ORG	inpatient	Actra	Better Health	10376.34							16223.35			14489	14489	16710.05	case rate	
NEONATE BIRTHWT 2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-ORG	inpatient	Actra	Better Health	10376.34							35244.34			31290	31290	36445.81	case rate	
NEONATE BIRTHWT 2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-ORG	inpatient	Actra	Better Health	10376.34							6382.54			56588	56588	65572.42	case rate	
NEONATE BIRTHWT 2499G W OTHER SIGNIFICANT CONDITION	6381	APR-ORG	inpatient	Actra	Better Health	6268.69							6268.69			5617	5617	6447.35	case rate	
NEONATE BIRTHWT 2499G W OTHER SIGNIFICANT CONDITION	6382	APR-ORG	inpatient	Actra	Better Health	6268.69							1088.96			963	963	1081.53	case rate	
NEONATE BIRTHWT 2499G W OTHER SIGNIFICANT CONDITION	6383	APR-ORG	inpatient	Actra	Better Health	6268.69							1934.22			17277	17277	19924.55	case rate	
NEONATE BIRTHWT 2499G W OTHER SIGNIFICANT CONDITION	6384	APR-ORG	inpatient	Actra	Better Health	6268.69							5242.72			46022	46022	53984.49	case rate	
NEONATE BIRTHWT 2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-ORG	inpatient	Actra	Better Health	1929.22							1929.22			1422	1422	1639.99	case rate	
NEONATE BIRTHWT 2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-ORG	inpatient	Actra	Better Health	1929.22							235.15			2113	2113	2425.8	case rate	
NEONATE BIRTHWT 2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-ORG	inpatient	Actra	Better Health	1929.22							575.74			5104	5104	5891.51	case rate	
NEONATE BIRTHWT 2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-ORG	inpatient	Actra	Better Health	1929.22							2792.38			24920	24920	27924.45	case rate	
SPLENECTOMY	6601	APR-ORG	inpatient	Actra	Better Health	19589.61							19589.61			17055	17055	20187.8	case rate	
SPLENECTOMY	6602	APR-ORG	inpatient	Actra	Better Health	19589.61							29254.91			25566	25566	2988.56	case rate	
SPLENECTOMY	6603	APR-ORG	inpatient	Actra	Better Health	19589.61							37828.98			33786	33786	39663.85	case rate	
SPLENECTOMY	6604	APR-ORG	inpatient	Actra	Better Health	19589.61							75738.35			67443	67443	78017.05	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6611	APR-ORG	inpatient	Actra	Better Health	15764.54							15764.54			14080	14080	16327.86	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6612	APR-ORG	inpatient	Actra	Better Health	15764.54							22137.26			19771	19771	22801.38	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6613	APR-ORG	inpatient	Actra	Better Health	15764.54							3066.22			34883	34883	40242.27	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6614	APR-ORG	inpatient	Actra	Better Health	15764.54							8192.22			7233	7233	84445.81	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKE CELL CRISIS & COAGUL	6601	APR-ORG	inpatient	Actra	Better Health	11534.95							11534.95			11881	11881	13682.92	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKE CELL CRISIS & COAGUL	6602	APR-ORG	inpatient	Actra	Better Health	11534.95							12313.82			10999	10999	12683.23	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKE CELL CRISIS & COAGUL	6603	APR-ORG	inpatient	Actra	Better Health	11534.95							19782.4							



description	last_updated	on_version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_charge	standard_charge_discounted_cash	payer_name	plan_name	standard_charged/regulated_dollar	standard_charged/regulated_percentage	standard_charged/regulated_algorithm	estimated_amount	standard_charge_in	standard_charges_in	standard_charges_in	standard_charges_in	additional_generic_notes
code	date	id	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
MULTIPLE SIGNIFICANT TRAUMA W/O D.R. PROCEDURE	2025-09-17	21.0	University Hospital	University Hospital	1500 Bergem St	33019 true			16060.13			Better Health	16060.13			14370	16060.13	16060.13	16060.13	16060.13	16060.13
MULTIPLE SIGNIFICANT TRAUMA W/O D.R. PROCEDURE	9302	APR-ORG							2520.04			Better Health	2520.04			22641	2520.04	2520.04	2520.04	2520.04	2520.04
MULTIPLE SIGNIFICANT TRAUMA W/O D.R. PROCEDURE	9304	APR-ORG							6710.55			Better Health	6710.55			6008	6710.55	6710.55	6710.55	6710.55	6710.55
MULTIPLE SIGNIFICANT TRAUMA W/O D.R. PROCEDURE	9301	APR-ORG							2264.98			Better Health	2264.98			20225	2264.98	2264.98	2264.98	2264.98	2264.98
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9302	APR-ORG							3228.51			Better Health	3228.51			2868	3228.51	3228.51	3228.51	3228.51	3228.51
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9303	APR-ORG							5181.42			Better Health	5181.42			46167	5181.42	5181.42	5181.42	5181.42	5181.42
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9304	APR-ORG							9849.28			Better Health	9849.28			87954	9849.28	9849.28	9849.28	9849.28	9849.28
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9311	APR-ORG							16583.72			Better Health	16583.72			14623	16583.72	16583.72	16583.72	16583.72	16583.72
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9312	APR-ORG							2269.63			Better Health	2269.63			20515	2269.63	2269.63	2269.63	2269.63	2269.63
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9313	APR-ORG							3775.52			Better Health	3775.52			33684	3775.52	3775.52	3775.52	3775.52	3775.52
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9314	APR-ORG							7190.82			Better Health	7190.82			64043	7190.82	7190.82	7190.82	7190.82	7190.82
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9321	APR-ORG							12795			Better Health	12795			11428	12795	12795	12795	12795	12795
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9322	APR-ORG							1901.47			Better Health	1901.47			17006	1901.47	1901.47	1901.47	1901.47	1901.47
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9323	APR-ORG							323.19			Better Health	323.19			28864	323.19	323.19	323.19	323.19	323.19
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9324	APR-ORG							61312.67			Better Health	61312.67			54759	61312.67	61312.67	61312.67	61312.67	61312.67
LIVER TRANSPLANT & OR INTESTINAL TRANSPLANT	0011	APR-ORG							112713			WellPoint	112713			8373.78	112713	112713	112713	112713	112713
LIVER TRANSPLANT & OR INTESTINAL TRANSPLANT	0012	APR-ORG							11934.06			WellPoint	11934.06			4470.93	11934.06	11934.06	11934.06	11934.06	11934.06
LIVER TRANSPLANT & OR INTESTINAL TRANSPLANT	0013	APR-ORG							140277.68			WellPoint	140277.68			31300.53	140277.68	140277.68	140277.68	140277.68	140277.68
LIVER TRANSPLANT & OR INTESTINAL TRANSPLANT	0014	APR-ORG							24809.38			WellPoint	24809.38			15472.17	24809.38	24809.38	24809.38	24809.38	24809.38
HEART & OR LUNG TRANSPLANT	0021	APR-ORG							18311.61			WellPoint	18311.61			6308.15	18311.61	18311.61	18311.61	18311.61	18311.61
HEART & OR LUNG TRANSPLANT	0022	APR-ORG							17547.41			WellPoint	17547.41			3262.42	17547.41	17547.41	17547.41	17547.41	17547.41
HEART & OR LUNG TRANSPLANT	0023	APR-ORG							32925.25			WellPoint	32925.25			47365.5	32925.25	32925.25	32925.25	32925.25	32925.25
HEART & OR LUNG TRANSPLANT	0024	APR-ORG							32355.79			WellPoint	32355.79			44903.86	32355.79	32355.79	32355.79	32355.79	32355.79
BONE MARROW TRANSPLANT	0031	APR-ORG							8830.13			WellPoint	8830.13			4847.26	8830.13	8830.13	8830.13	8830.13	8830.13
BONE MARROW TRANSPLANT	0032	APR-ORG							10284.22			WellPoint	10284.22			25234.48	10284.22	10284.22	10284.22	10284.22	10284.22
BONE MARROW TRANSPLANT	0033	APR-ORG							17852.5			WellPoint	17852.5			18845.28	17852.5	17852.5	17852.5	17852.5	17852.5
BONE MARROW TRANSPLANT	0034	APR-ORG							28601.57			WellPoint	28601.57			45911.46	28601.57	28601.57	28601.57	28601.57	28601.57
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-ORG							7802.89			WellPoint	7802.89			71984.11	7802.89	7802.89	7802.89	7802.89	7802.89
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-ORG							10887.61			WellPoint	10887.61			20759.93	10887.61	10887.61	10887.61	10887.61	10887.61
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-ORG							15759.49			WellPoint	15759.49			13792	15759.49	15759.49	15759.49	15759.49	15759.49
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-ORG							22665.72			WellPoint	22665.72			22888.05	22665.72	22665.72	22665.72	22665.72	22665.72
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE	0051	APR-ORG							7676.55			WellPoint	7676.55			67138	7676.55	7676.55	7676.55	7676.55	7676.55
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE	0052	APR-ORG							8766.22			WellPoint	8766.22			23710.68	8766.22	8766.22	8766.22	8766.22	8766.22
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE	0053	APR-ORG							14205.34			WellPoint	14205.34			10327.55	14205.34	14205.34	14205.34	14205.34	14205.34
TRACHEOSTOMY W/ MV 96+ HOURS W EXTENSIVE PROCEDURE	0054	APR-ORG							15288.38			WellPoint	15288.38			17765.65	15288.38	15288.38	15288.38	15288.38	15288.38
PANCREAS TRANSPLANT	0061	APR-ORG							9182.23			WellPoint	9182.23			3181.28	9182.23	9182.23	9182.23	9182.23	9182.23
PANCREAS TRANSPLANT	0062	APR-ORG							12509.25			WellPoint	12509.25			2103.14	12509.25	12509.25	12509.25	12509.25	12509.25
PANCREAS TRANSPLANT	0063	APR-ORG							14331.04			WellPoint	14331.04			16520.82	14331.04	14331.04	14331.04	14331.04	14331.04
PANCREAS TRANSPLANT	0064	APR-ORG							23455.12			WellPoint	23455.12			22659.58	23455.12	23455.12	23455.12	23455.12	23455.12
CRANIOTOMY FOR TRAUMA	0201	APR-ORG							2550.34			WellPoint	2550.34			7997.58	2550.34	2550.34	2550.34	2550.34	2550.34
CRANIOTOMY FOR TRAUMA	0202	APR-ORG							4107.88			WellPoint	4107.88			11418.2	4107.88	4107.88	4107.88	4107.88	4107.88
CRANIOTOMY FOR TRAUMA	0203	APR-ORG							5389.07			WellPoint	5389.07			45377.01	5389.07	5389.07	5389.07	5389.07	5389.07
CRANIOTOMY FOR TRAUMA	0204	APR-ORG							10286.99			WellPoint	10286.99			9579.14	10286.99	10286.99	10286.99	10286.99	10286.99
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-ORG							3053.3			WellPoint	3053.3			28991	3053.3	3053.3	3053.3	3053.3	3053.3
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-ORG							4779.12			WellPoint	4779.12			14696.78	4779.12	4779.12	4779.12	4779.12	4779.12
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-ORG							6559.17			WellPoint	6559.17			57404	6559.17	6559.17	6559.17	6559.17	6559.17
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-ORG							11651.72			WellPoint	11651.72			10320	11651.72	11651.72	11651.72	11651.72	11651.72
VENTRICULAR SHUNT PROCEDURES	0221	APR-ORG							1649.24			WellPoint	1649.24			7199	1649.24	1649.24	1649.24	1649.24	1649.24
VENTRICULAR SHUNT PROCEDURES	0222	APR-ORG							2494.13			WellPoint	2494.13			2189	2494.13	2494.13	2494.13	2494.13	2494.13
VENTRICULAR SHUNT PROCEDURES	0223	APR-ORG							4231.39			WellPoint	4231.39			3706	4231.39	4231.39	4231.39	4231.39	4231.39
VENTRICULAR SHUNT PROCEDURES	0224	APR-ORG							10325.23			WellPoint	10325.23			7166	10325.23	10325.23	10325.23	10325.23	10325.23
SPINAL PROCEDURES	0231	APR-ORG							22183.12			WellPoint	22183.12			19424	22183.12	22183.12	22183.12	22183.12	22183.12
SPINAL PROCEDURES	0232	APR-ORG							31700			WellPoint	31700			24208.72	31700	31700	31700	31700	31700
SPINAL PROCEDURES	0233	APR-ORG							61428.34			WellPoint	61428.34			53769	61428.34	61428.34	61428.34	61428.34	61428.34
SPINAL PROCEDURES	0234	APR-ORG							10697.75			WellPoint	10697.75			62839.65	10697.75	10697.75	10697.75	10697.75	10697.75
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-ORG							17693.33			WellPoint	17693.33			15599	17693.33	17693.33	17693.33	17693.33	17693.33
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-ORG							2343.91			WellPoint	2343.91			20238	2343.91	2343.91	2343.91</		











hospital_location	hospital_address	license_num	best_of_knowledge_and_belief	hospital_included	applicable_standard_charge_information	in accordance with requirements of 45 CFR 180.50	and information encoded is true, accurate, and complete as of the date indicated	last_updated_on	version	2025-09-17	21.0	3/10/19	true
University Hospital	1500 Benjamin Franklin Blvd	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000	1000000000
description	code	unit	rate	rate	rate	rate	rate	rate	rate	rate	rate	rate	rate
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-ORG	13881.5	13881.5	13881.5	13881.5	13881.5	13881.5	13881.5	13881.5	13881.5	13881.5	13881.5
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-ORG	25267.1	25267.1	25267.1	25267.1	25267.1	25267.1	25267.1	25267.1	25267.1	25267.1	25267.1
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-ORG	6966.28	6966.28	6966.28	6966.28	6966.28	6966.28	6966.28	6966.28	6966.28	6966.28	6966.28
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5601	APR-ORG	5011.62	5011.62	5011.62	5011.62	5011.62	5011.62	5011.62	5011.62	5011.62	5011.62	5011.62
VAGINAL DELIVERY	5602	APR-ORG	5683.08	5683.08	5683.08	5683.08	5683.08	5683.08	5683.08	5683.08	5683.08	5683.08	5683.08
VAGINAL DELIVERY	5603	APR-ORG	8216.55	8216.55	8216.55	8216.55	8216.55	8216.55	8216.55	8216.55	8216.55	8216.55	8216.55
VAGINAL DELIVERY	5604	APR-ORG	24503.93	24503.93	24503.93	24503.93	24503.93	24503.93	24503.93	24503.93	24503.93	24503.93	24503.93
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-ORG	39935.51	39935.51	39935.51	39935.51	39935.51	39935.51	39935.51	39935.51	39935.51	39935.51	39935.51
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-ORG	6324.63	6324.63	6324.63	6324.63	6324.63	6324.63	6324.63	6324.63	6324.63	6324.63	6324.63
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-ORG	10126.26	10126.26	10126.26	10126.26	10126.26	10126.26	10126.26	10126.26	10126.26	10126.26	10126.26
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-ORG	26184.35	26184.35	26184.35	26184.35	26184.35	26184.35	26184.35	26184.35	26184.35	26184.35	26184.35
PRETERM LABOR	5631	APR-ORG	4581.87	4581.87	4581.87	4581.87	4581.87	4581.87	4581.87	4581.87	4581.87	4581.87	4581.87
PRETERM LABOR	5632	APR-ORG	5926.02	5926.02	5926.02	5926.02	5926.02	5926.02	5926.02	5926.02	5926.02	5926.02	5926.02
PRETERM LABOR	5633	APR-ORG	12038.86	12038.86	12038.86	12038.86	12038.86	12038.86	12038.86	12038.86	12038.86	12038.86	12038.86
PRETERM LABOR	5634	APR-ORG	18821.93	18821.93	18821.93	18821.93	18821.93	18821.93	18821.93	18821.93	18821.93	18821.93	18821.93
ABORTION W/O DAC, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-ORG	4764.79	4764.79	4764.79	4764.79	4764.79	4764.79	4764.79	4764.79	4764.79	4764.79	4764.79
ABORTION W/O DAC, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-ORG	5644.47	5644.47	5644.47	5644.47	5644.47	5644.47	5644.47	5644.47	5644.47	5644.47	5644.47
ABORTION W/O DAC, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-ORG	7902.16	7902.16	7902.16	7902.16	7902.16	7902.16	7902.16	7902.16	7902.16	7902.16	7902.16
ABORTION W/O DAC, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-ORG	33023.98	33023.98	33023.98	33023.98	33023.98	33023.98	33023.98	33023.98	33023.98	33023.98	33023.98
FALSE LABOR	5651	APR-ORG	2211.99	2211.99	2211.99	2211.99	2211.99	2211.99	2211.99	2211.99	2211.99	2211.99	2211.99
FALSE LABOR	5652	APR-ORG	3145.76	3145.76	3145.76	3145.76	3145.76	3145.76	3145.76	3145.76	3145.76	3145.76	3145.76
FALSE LABOR	5653	APR-ORG	5005.13	5005.13	5005.13	5005.13	5005.13	5005.13	5005.13	5005.13	5005.13	5005.13	5005.13
FALSE LABOR	5654	APR-ORG	5502.75	5502.75	5502.75	5502.75	5502.75	5502.75	5502.75	5502.75	5502.75	5502.75	5502.75
OTHER ANTEPARTUM DIAGNOSES	5661	APR-ORG	4415.56	4415.56	4415.56	4415.56	4415.56	4415.56	4415.56	4415.56	4415.56	4415.56	4415.56
OTHER ANTEPARTUM DIAGNOSES	5662	APR-ORG	5922.25	5922.25	5922.25	5922.25	5922.25	5922.25	5922.25	5922.25	5922.25	5922.25	5922.25
OTHER ANTEPARTUM DIAGNOSES	5663	APR-ORG	9100.93	9100.93	9100.93	9100.93	9100.93	9100.93	9100.93	9100.93	9100.93	9100.93	9100.93
OTHER ANTEPARTUM DIAGNOSES	5664	APR-ORG	25872.13	25872.13	25872.13	25872.13	25872.13	25872.13	25872.13	25872.13	25872.13	25872.13	25872.13
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-ORG	3162.29	3162.29	3162.29	3162.29	3162.29	3162.29	3162.29	3162.29	3162.29	3162.29	3162.29
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-ORG	4318.12	4318.12	4318.12	4318.12	4318.12	4318.12	4318.12	4318.12	4318.12	4318.12	4318.12
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-ORG	7798.45	7798.45	7798.45	7798.45	7798.45	7798.45	7798.45	7798.45	7798.45	7798.45	7798.45
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-ORG	14749.58	14749.58	14749.58	14749.58	14749.58	14749.58	14749.58	14749.58	14749.58	14749.58	14749.58
NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE	5811	APR-ORG	1492.01	1492.01	1492.01	1492.01	1492.01	1492.01	1492.01	1492.01	1492.01	1492.01	1492.01
NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE	5812	APR-ORG	2360.63	2360.63	2360.63	2360.63	2360.63	2360.63	2360.63	2360.63	2360.63	2360.63	2360.63
NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE	5813	APR-ORG	4088.93	4088.93	4088.93	4088.93	4088.93	4088.93	4088.93	4088.93	4088.93	4088.93	4088.93
NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE	5814	APR-ORG	8210.18	8210.18	8210.18	8210.18	8210.18	8210.18	8210.18	8210.18	8210.18	8210.18	8210.18
NEONATE W/ ECMO	5831	APR-ORG	124866.5	124866.5	124866.5	124866.5	124866.5	124866.5	124866.5	124866.5	124866.5	124866.5	124866.5
NEONATE W/ ECMO	5832	APR-ORG	143895.52	143895.52	143895.52	143895.52	143895.52	143895.52	143895.52	143895.52	143895.52	143895.52	143895.52
NEONATE W/ ECMO	5833	APR-ORG	269859.59	269859.59	269859.59	269859.59	269859.59	269859.59	269859.59	269859.59	269859.59	269859.59	269859.59
NEONATE W/ ECMO	5834	APR-ORG	403221.26	403221.26	403221.26	403221.26	403221.26	403221.26	403221.26	403221.26	403221.26	403221.26	403221.26
NEONATE BMT <1500G W/ MAJOR PROCEDURE	5881	APR-ORG	127056.57	127056.57	127056.57	127056.57	127056.57	127056.57	127056.57	127056.57	127056.57	127056.57	127056.57
NEONATE BMT <1500G W/ MAJOR PROCEDURE	5882	APR-ORG	141174.02	141174.02	141174.02	141174.02	141174.02	141174.02	141174.02	141174.02	141174.02	141174.02	141174.02
NEONATE BMT <1500G W/ MAJOR PROCEDURE	5883	APR-ORG	288268.03	288268.03	288268.03	288268.03	288268.03	288268.03	288268.03	288268.03	288268.03	288268.03	288268.03
NEONATE BMT <1500G W/ MAJOR PROCEDURE	5884	APR-ORG	385825.29	385825.29	385825.29	385825.29	385825.29	385825.29	385825.29	385825.29	385825.29	385825.29	385825.29
NEONATE BMT <500G OR GA <24 WEEKS	5891	APR-ORG	222906.17	222906.17	222906.17	222906.17	222906.17	222906.17	222906.17	222906.17	222906.17	222906.17	222906.17
NEONATE BMT <500G OR GA <24 WEEKS	5892	APR-ORG	156426.79	156426.79	156426.79	156426.79	156426.79	156426.79	156426.79	156426.79	156426.79	156426.79	156426.79
NEONATE BMT <500G OR GA <24 WEEKS	5893	APR-ORG	111940.3	111940.3	111940.3	111940.3	111940.3	111940.3	111940.3	111940.3	111940.3	111940.3	111940.3
NEONATE BMT <500G OR GA <24 WEEKS	5894	APR-ORG	16068.4	16068.4	16068.4	16068.4	16068.4	16068.4	16068.4	16068.4	16068.4	16068.4	16068.4
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5911	APR-ORG	13302.83	13302.83	13302.83	13302.83	13302.83	13302.83	13302.83	13302.83	13302.83	13302.83	13302.83
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5912	APR-ORG	18484.15	18484.15	18484.15	18484.15	18484.15	18484.15	18484.15	18484.15	18484.15	18484.15	18484.15
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5913	APR-ORG	22952.72	22952.72	22952.72	22952.72	22952.72	22952.72	22952.72	22952.72	22952.72	22952.72	22952.72
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5914	APR-ORG	34502.73	34502.73	34502.73	34502.73	34502.73	34502.73	34502.73	34502.73	34502.73	34502.73	34502.73
NEONATE BIRTHWT 750-999G W/ MAJOR PROCEDURE	5931	APR-ORG	41358.86	41358.86	41358.86	41358.86	41358.86	41358.86	41358.86	41358.86	41358.86	41358.86	41358.86
NEONATE BIRTHWT 750-999G W/ MAJOR PROCEDURE	5932	APR-ORG	139905.35	139905.35	139905.35	139905.35	139905.35	139905.35	139905.35	139905.35	139905.35	139905.35	139905.35
NEONATE BIRTHWT 750-999G W/ MAJOR PROCEDURE	5933	APR-ORG	183900.47	183900.47	183900.47	183900.47	183900.47	183900.47	183900.47	183900.47	183900.47	183900.47	183900.47
NEONATE BIRTHWT 750-999G W/ MAJOR PROCEDURE	5934	APR-ORG	261814.85	261814.85	261814.85	261814.85	261814.85	261814.85	261814.85	261814.85	261814.85	261814.85	261814.85
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIATH MAJ RESP OR MAJ ANOM	6021	APR-ORG	6078.105	6078.105	6078.105	6078.105	6078.105	6078.105	6078.105	6078.105	6078.105	6078.105	6078.105
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIATH MAJ RESP OR MAJ ANOM	6022	APR-ORG	11548.41	11548.41	11548.41	11548.41	11548.41	11548.41	11548.41	11548.41	11548.41	11548.41	11548.41
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIATH MAJ RESP OR MAJ ANOM	6023	APR-ORG	148026.26	148026.26	148026.26	148026.26	148026.26	148026.26	148026.26	148026.26	148026.26	148026.26	148026.26
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIATH MAJ RESP OR MAJ ANOM	6024	APR-ORG	256312.24	256312.24	256312.24	256312.24	256312.24	256312.24	256312.24	256312.24	256312.24	256312.24	256312.24
NEONATE BIRTHWT 1000-1249G W/ OR W/ OTHER SIGNIFICANT CONDITION	60												

description	lat_updated	on_version	hospital_location	hospital_license	hospital_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_charge	standard_charge_discount	cash	payer_name	plan_name	standard_charged_negotiated_dollar	standard_charged_negotiated_percentage	standard_charged_negotiated_algorithm	estimated_amount	standard_charginin	standard_charginin	standard_charginin	standard_charginin	additional_generic_notes
code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code	code
MAJOR HEMATOLOGIC/MALIGNANCY DIAG EXC SICKLE CELL CRISIS & COAGUL	2025-09-17	21.0	University Hospital	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199	100199
MAJOR HEMATOLOGIC/MALIGNANCY DIAG EXC SICKLE CELL CRISIS & COAGUL	6002	APR-ORG	inpatient	12680.1			WebPant	WebPant	12680.1					10998			12683.23	10998				
MAJOR HEMATOLOGIC/MALIGNANCY DIAG EXC SICKLE CELL CRISIS & COAGUL	6003	APR-ORG	inpatient	20163.43			WebPant	WebPant	20163.43					17891			20381.4	17891				
MAJOR HEMATOLOGIC/MALIGNANCY DIAG EXC SICKLE CELL CRISIS & COAGUL	6004	APR-ORG	inpatient	8240.78			WebPant	WebPant	8240.78					45941			8240.78	45941				
COAGULATION & PLATELET DISORDERS	6011	APR-ORG	inpatient	14463.19			WebPant	WebPant	14463.19					10684			14463.19	10684				
COAGULATION & PLATELET DISORDERS	6012	APR-ORG	inpatient	17015.54			WebPant	WebPant	17015.54					14899			17185.16	14899				
COAGULATION & PLATELET DISORDERS	6013	APR-ORG	inpatient	52407			WebPant	WebPant	52407					28376			52724.72	28376				
COAGULATION & PLATELET DISORDERS	6014	APR-ORG	inpatient	61811			WebPant	WebPant	61811					54122			62416.99	54122				
SICKLE CELL ANEMIA CRISIS	6021	APR-ORG	inpatient	8919.63			WebPant	WebPant	8919.63					7699			9063.82	7699				
SICKLE CELL ANEMIA CRISIS	6022	APR-ORG	inpatient	12295.18			WebPant	WebPant	12295.18					10766			12415.72	10766				
SICKLE CELL ANEMIA CRISIS	6023	APR-ORG	inpatient	9505.27			WebPant	WebPant	9505.27					16681			9628.05	16681				
SICKLE CELL ANEMIA CRISIS	6024	APR-ORG	inpatient	4419.76			WebPant	WebPant	4419.76					4220.94			4220.94	4220.94				
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6031	APR-ORG	inpatient	7335.84			WebPant	WebPant	7335.84					6598			7609.72	6598				
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6032	APR-ORG	inpatient	9513.78			WebPant	WebPant	9513.78					8330			9607.06	8330				
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6033	APR-ORG	inpatient	4419.76			WebPant	WebPant	4419.76					4150.21			4346.66	4150.21				
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6034	APR-ORG	inpatient	25427.14			WebPant	WebPant	25427.14					22284			25676.43	22284				
MAJOR O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6801	APR-ORG	inpatient	23193.95			WebPant	WebPant	23193.95					20294			23790.13	20294				
MAJOR O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6802	APR-ORG	inpatient	3236.47			WebPant	WebPant	3236.47					2832			3266.93	2832				
MAJOR O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6803	APR-ORG	inpatient	5870.02			WebPant	WebPant	5870.02					4820			5641.77	4820				
MAJOR O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6804	APR-ORG	inpatient	11770.92			WebPant	WebPant	11770.92					9760			11786.52	9760				
OTHER O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6811	APR-ORG	inpatient	7117.02			WebPant	WebPant	7117.02					5505			7326.03	5505				
OTHER O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6812	APR-ORG	inpatient	2397.84			WebPant	WebPant	2397.84					2064			2381.09	2064				
OTHER O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6813	APR-ORG	inpatient	43266.35			WebPant	WebPant	43266.35					37565			43776.39	37565				
OTHER O.R. PROCEDURES FOR LYMPHOMATHEMATOPOIETICOTHER NEOPLASMS	6814	APR-ORG	inpatient	105630.96			WebPant	WebPant	105630.96					92491			106668.55	92491				
ACUTE LEUKEMIA	6901	APR-ORG	inpatient	19920.09			WebPant	WebPant	19920.09					17442			20116.39	17442				
ACUTE LEUKEMIA	6902	APR-ORG	inpatient	23880.02			WebPant	WebPant	23880.02					20788			23211.46	20788				
ACUTE LEUKEMIA	6903	APR-ORG	inpatient	63225.11			WebPant	WebPant	63225.11					55300			63844.96	55300				
ACUTE LEUKEMIA	6904	APR-ORG	inpatient	10254.05			WebPant	WebPant	10254.05					10548			10726.84	10548				
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-ORG	inpatient	16513.87			WebPant	WebPant	16513.87					14775			17020.3	14775				
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-ORG	inpatient	19484.11			WebPant	WebPant	19484.11					17060			19675.13	17060				
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-ORG	inpatient	3019.99			WebPant	WebPant	3019.99					26410			3047.7	26410				
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-ORG	inpatient	6345.79			WebPant	WebPant	6345.79					5547			6490.74	5547				
RADIOTHERAPY	6921	APR-ORG	inpatient	11404.04			WebPant	WebPant	11404.04					9985			11515.84	9985				
RADIOTHERAPY	6922	APR-ORG	inpatient	2360.69			WebPant	WebPant	2360.69					20375			24074.43	20375				
RADIOTHERAPY	6923	APR-ORG	inpatient	3400.3			WebPant	WebPant	3400.3					2926			3245.89	2926				
RADIOTHERAPY	6924	APR-ORG	inpatient	6459.12			WebPant	WebPant	6459.12					5635			6520.31	5635				
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-ORG	inpatient	9484.28			WebPant	WebPant	9484.28					8190			10581.07	8190				
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-ORG	inpatient	1236.36			WebPant	WebPant	1236.36					1018			12474.48	1018				
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-ORG	inpatient	19879.23			WebPant	WebPant	19879.23					17408			20074.12	17408				
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-ORG	inpatient	34979.55			WebPant	WebPant	34979.55					30663			38683.8	30663				
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6961	APR-ORG	inpatient	9542.59			WebPant	WebPant	9542.59					8356			9636.14	8356				
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6962	APR-ORG	inpatient	1391.16			WebPant	WebPant	1391.16					12183			14050.57	12183				
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6963	APR-ORG	inpatient	8628.25			WebPant	WebPant	8628.25					7169			9638.26	7169				
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6964	APR-ORG	inpatient	10074.62			WebPant	WebPant	10074.62					87628			101055.74	87628				
OTHER CHEMOTHERAPY	6981	APR-ORG	inpatient	1256.6			WebPant	WebPant	1256.6					11002			12887.79	11002				
OTHER CHEMOTHERAPY	6982	APR-ORG	inpatient	1490.47			WebPant	WebPant	1490.47					13007			15092.23	13007				
OTHER CHEMOTHERAPY	6983	APR-ORG	inpatient	2482.04			WebPant	WebPant	2482.04					20353			23881.97	20353				
OTHER CHEMOTHERAPY	6984	APR-ORG	inpatient	5333.49			WebPant	WebPant	5333.49					4642			58077.99	4642				
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W/O R. PROCEDURE	7101	APR-ORG	inpatient	1611.61			WebPant	WebPant	1611.61					1459			1695.74	1459				
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W/O R. PROCEDURE	7102	APR-ORG	inpatient	25376.86			WebPant	WebPant	25376.86					20644			23808.01	20644				
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W/O R. PROCEDURE	7103	APR-ORG	inpatient	4046.81			WebPant	WebPant	4046.81					3540			4082.73	3540				
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W/O R. PROCEDURE	7104	APR-ORG	inpatient	8273.33			WebPant	WebPant	8273.33					7242			8344.64	7242				
POST-OP. POST-TRAUMA, OTHER DEVICE INFECTIONS W/O R. PROCEDURE	7111	APR-ORG	inpatient	1611.42			WebPant	WebPant	1611.42					14075			16323.05	14075				
POST-OP. POST-TRAUMA, OTHER DEVICE INFECTIONS W/O R. PROCEDURE	7112	APR-ORG	inpatient	22282.42			WebPant	WebPant	22282.42					19415			22458.47	19415				
POST-OP. POST-TRAUMA, OTHER DEVICE INFECTIONS W/O R. PROCEDURE	7113	APR-ORG	inpatient	4202.53			WebPant	WebPant	4202.53					36254			40577.26	36254				
POST-OP. POST-TRAUMA, OTHER DEVICE INFECTIONS W/O R. PROCEDURE	7114	APR-ORG	inpatient	8266.77			WebPant	WebPant	8266.77					7259			83079.19	7259				
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-ORG	inpatient	8419.74			WebPant	WebPant	8419.74					7373			8622.29	7373				
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-ORG	inpatient	11301.07			WebPant	WebPant	11301.07					9895			11411.86	9895				
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-ORG	inpatient	1843.63			WebPant	WebPant	1843.63					1744			1866.85	1744				
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-ORG	inpatient	4019.53			WebPant	WebPant	4019.53					36271			41139.05	36271				

description	last_updated_on	version	hospital_location	hospital_address	license_number	to_the_best_of_our_knowledge_and_belief_the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50_and_the_information_encoded_is_true_accurate_and_complete_as_of_the_date_indicated	icd9_code	icd10_code	unit_of_measurement	type_of_measurement	standard_charge	gross_charge	cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_min	standard_charge_max	standard_charge_methodology	additional_generic_codes				
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	2025-09-17	2.0.0	University Hospital	150 Bergen St	33019 nra				drug_unit_of_measurement	drug_type_of_measurement	standard_charge	gross_charge	cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_min	standard_charge_max	standard_charge_methodology	additional_generic_codes				
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT											2185.29	2185.29		WebPart	WebPart	2185.29			2185.29	2185.29	2185.29	2185.29	19172	22109.55 case rate			
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT											35319.98	35319.98		WebPart	WebPart	35319.98			35319.98	35319.98	35319.98	35319.98	35319.98	35319.98	35319.98	35319.98	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT											77137.47	77137.47		WebPart	WebPart	77137.47			77137.47	77137.47	77137.47	77137.47	77137.47	77137.47	77137.47	77137.47	
ALLERGIC REACTIONS											4568.83	4568.83		WebPart	WebPart	4568.83			4568.83	4568.83	4568.83	4568.83	4568.83	4568.83	4568.83	4568.83	
ALLERGIC REACTIONS											6782.15	6782.15		WebPart	WebPart	6782.15			6782.15	6782.15	6782.15	6782.15	6782.15	6782.15	6782.15	6782.15	
ALLERGIC REACTIONS											16493.29	16493.29		WebPart	WebPart	16493.29			16493.29	16493.29	16493.29	16493.29	16493.29	16493.29	16493.29	16493.29	
ALLERGIC REACTIONS											35079.73	35079.73		WebPart	WebPart	35079.73			35079.73	35079.73	35079.73	35079.73	35079.73	35079.73	35079.73	35079.73	
POISONING OF MEDICINAL AGENTS											5300.97	5300.97		WebPart	WebPart	5300.97			5300.97	5300.97	5300.97	5300.97	5300.97	5300.97	5300.97	5300.97	
POISONING OF MEDICINAL AGENTS											1216.4	1216.4		WebPart	WebPart	1216.4			1216.4	1216.4	1216.4	1216.4	1216.4	1216.4	1216.4	1216.4	
POISONING OF MEDICINAL AGENTS											26922.74	26922.74		WebPart	WebPart	26922.74			26922.74	26922.74	26922.74	26922.74	26922.74	26922.74	26922.74	26922.74	
POISONING OF MEDICINAL AGENTS											6823.96	6823.96		WebPart	WebPart	6823.96			6823.96	6823.96	6823.96	6823.96	6823.96	6823.96	6823.96	6823.96	
OTHER COMPLICATIONS OF TREATMENT											10301.08	10301.08		WebPart	WebPart	10301.08			10301.08	10301.08	10301.08	10301.08	10301.08	10301.08	10301.08	10301.08	
OTHER COMPLICATIONS OF TREATMENT											15806.3	15806.3		WebPart	WebPart	15806.3			15806.3	15806.3	15806.3	15806.3	15806.3	15806.3	15806.3	15806.3	
OTHER COMPLICATIONS OF TREATMENT											34892.82	34892.82		WebPart	WebPart	34892.82			34892.82	34892.82	34892.82	34892.82	34892.82	34892.82	34892.82	34892.82	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES											7607.13	7607.13		WebPart	WebPart	7607.13			7607.13	7607.13	7607.13	7607.13	7607.13	7607.13	7607.13	7607.13	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES											819.59	819.59		WebPart	WebPart	819.59			819.59	819.59	819.59	819.59	819.59	819.59	819.59	819.59	819.59
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES											13847.84	13847.84		WebPart	WebPart	13847.84			13847.84	13847.84	13847.84	13847.84	13847.84	13847.84	13847.84	13847.84	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES											44201.68	44201.68		WebPart	WebPart	44201.68			44201.68	44201.68	44201.68	44201.68	44201.68	44201.68	44201.68	44201.68	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES											803.168	803.168		WebPart	WebPart	803.168			803.168	803.168	803.168	803.168	803.168	803.168	803.168	803.168	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES											804	804		WebPart	WebPart	804			804	804	804	804	804	804	804	804	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES											22911.13	22911.13		WebPart	WebPart	22911.13			22911.13	22911.13	22911.13	22911.13	22911.13	22911.13	22911.13	22911.13	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES											29612.86	29612.86		WebPart	WebPart	29612.86			29612.86	29612.86	29612.86	29612.86	29612.86	29612.86	29612.86	29612.86	
EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT											72763.31	72763.31		WebPart	WebPart	72763.31			72763.31	72763.31	72763.31	72763.31	72763.31	72763.31	72763.31	72763.31	
EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT											772479	772479		WebPart	WebPart	772479			772479	772479	772479	772479	772479	772479	772479	772479	
EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT											118590.97	118590.97		WebPart	WebPart	118590.97			118590.97	118590.97	118590.97	118590.97	118590.97	118590.97	118590.97	118590.97	
EXTENSIVE 3RD DEGREE BURNS W/ SKIN GRAFT											306818.18	306818.18		WebPart	WebPart	306818.18			306818.18	306818.18	306818.18	306818.18	306818.18	306818.18	306818.18	306818.18	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS											23931.87	23931.87		WebPart	WebPart	23931.87			23931.87	23931.87	23931.87	23931.87	23931.87	23931.87	23931.87	23931.87	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS											35329.78	35329.78		WebPart	WebPart	35329.78			35329.78	35329.78	35329.78	35329.78	35329.78	35329.78	35329.78	35329.78	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS											67001	67001		WebPart	WebPart	67001			67001	67001	67001	67001	67001	67001	67001	67001	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS											1670796	1670796		WebPart	WebPart	1670796			1670796	1670796	1670796	1670796	1670796	1670796	1670796	1670796	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/ SKIN GRAFT											11578.92	11578.92		WebPart	WebPart	11578.92			11578.92	11578.92	11578.92	11578.92	11578.92	11578.92	11578.92	11578.92	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/ SKIN GRAFT											15974.3	15974.3		WebPart	WebPart	15974.3			15974.3	15974.3	15974.3	15974.3	15974.3	15974.3	15974.3	15974.3	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/ SKIN GRAFT											29117.07	29117.07		WebPart	WebPart	29117.07			29117.07	29117.07	29117.07	29117.07	29117.07	29117.07	29117.07	29117.07	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/ SKIN GRAFT											78313.19	78313.19		WebPart	WebPart	78313.19			78313.19	78313.19	78313.19	78313.19	78313.19	78313.19	78313.19	78313.19	
PARTIAL THICKNESS BURNS W/ SKIN GRAFT											77352.53	77352.53		WebPart	WebPart	77352.53			77352.53	77352.53	77352.53	77352.53	77352.53	77352.53	77352.53	77352.53	
PARTIAL THICKNESS BURNS W/ SKIN GRAFT											11627.79	11627.79		WebPart	WebPart	11627.79			11627.79	11627.79	11627.79	11627.79	11627.79	11627.79	11627.79	11627.79	
PARTIAL THICKNESS BURNS W/ SKIN GRAFT											23732.42	23732.42		WebPart	WebPart	23732.42			23732.42	23732.42	23732.42	23732.42	23732.42	23732.42	23732.42	23732.42	
PARTIAL THICKNESS BURNS W/ SKIN GRAFT											67245.65	67245.65		WebPart	WebPart	67245.65			67245.65	67245.65	67245.65	67245.65	67245.65	67245.65	67245.65	67245.65	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE											23888.22	23888.22		WebPart	WebPart	23888.22			23888.22	23888.22	23888.22	23888.22	23888.22	23888.22	23888.22	23888.22	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE											3001.42	3001.42		WebPart	WebPart	3001.42			3001.42	3001.42	3001.42	3001.42	3001.42	3001.42	3001.42	3001.42	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE											412621.43	412621.43		WebPart	WebPart	412621.43			412621.43	412621.43	412621.43	412621.43	412621.43	412621.43	412621.43	412621.43	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE											75338.46	75338.46		WebPart	WebPart	75338.46			75338.46	75338.46	75338.46	75338.46	75338.46	75338.46	75338.46	75338.46	
REHABILITATION											13098.22	13098.22		WebPart	WebPart	13098.22			13098.22	13098.22	13098.22	13098.22	13098.22	13098.22	13098.22	13098.22	
REHABILITATION											1732	1732		WebPart	WebPart	1732			1732	1732	1732	1732	1732	1732	1732	1732	
REHABILITATION											2418.43	2418.43		WebPart	WebPart	2418.43			2418.43	2418.43	2418.43	2418.43	2418.43	2418.43	2418.43	2418.43	
REHABILITATION											3298.94	3298.94		WebPart	WebPart	3298.94			3298.94	3298.94	3298.94	3298.94	3298.94	3298.94	3298.94	3298.94	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS											6721.01	6721.01		WebPart													

code	description	last_updated	on_version	hospital_location	hospital_address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	icd9	unit_of_measurement	type_of_measurement	standard_charge	progress	standard_charge	discharge	count	rate	name	plan	standard_charge	negotiated	dollar	standard_charge	negotiated	percentage	standard_charge	negotiated	algorithm	estimated	amount	standard	charge	negotiated	standard	charge	negotiated	technology	additional	generic	notes	
0282	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0282		procedure							Horizon	NU Health	23521			23521																		
0283	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0283		procedure							Horizon	NU Health	33708			33708																		
0284	OTHER NERVOUS SYSTEM & RELATED PROCEDURES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0284		procedure							Horizon	NU Health	17686			17686																		
0401	SPINAL DISORDERS & INJURIES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0401		procedure							Horizon	NU Health	15363			15363																		
0402	SPINAL DISORDERS & INJURIES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0402		procedure							Horizon	NU Health	53389			53389																		
0403	SPINAL DISORDERS & INJURIES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0403		procedure							Horizon	NU Health	21964			21964																		
0404	SPINAL DISORDERS & INJURIES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0404		procedure							Horizon	NU Health	56797			56797																		
0411	NERVOUS SYSTEM MALIGNANCY	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0411		procedure							Horizon	NU Health	10482			10482																		
0412	NERVOUS SYSTEM MALIGNANCY	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0412		procedure							Horizon	NU Health	11647			11647																		
0413	NERVOUS SYSTEM MALIGNANCY	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0413		procedure							Horizon	NU Health	15908			15908																		
0414	NERVOUS SYSTEM MALIGNANCY	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0414		procedure							Horizon	NU Health	28070			28070																		
0421	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0421		procedure							Horizon	NU Health	8253			8253																		
0422	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0422		procedure							Horizon	NU Health	10272			10272																		
0423	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0423		procedure							Horizon	NU Health	16017			16017																		
0424	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0424		procedure							Horizon	NU Health	43074			43074																		
0431	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0431		procedure							Horizon	NU Health	10841			10841																		
0432	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0432		procedure							Horizon	NU Health	13933			13933																		
0433	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0433		procedure							Horizon	NU Health	22208			22208																		
0434	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0434		procedure							Horizon	NU Health	49591			49591																		
0441	INTRACRANIAL HEMORRHAGE	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0441		procedure							Horizon	NU Health	11778			11778																		
0442	INTRACRANIAL HEMORRHAGE	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0442		procedure							Horizon	NU Health	15156			15156																		
0443	INTRACRANIAL HEMORRHAGE	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0443		procedure							Horizon	NU Health	23296			23296																		
0444	INTRACRANIAL HEMORRHAGE	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0444		procedure							Horizon	NU Health	46554			46554																		
0451	CVA & PRECEREBRAL OCCLUSION W/ INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0451		procedure							Horizon	NU Health	10123			10123																		
0452	CVA & PRECEREBRAL OCCLUSION W/ INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0452		procedure							Horizon	NU Health	12287			12287																		
0453	CVA & PRECEREBRAL OCCLUSION W/ INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0453		procedure							Horizon	NU Health	17177			17177																		
0454	CVA & PRECEREBRAL OCCLUSION W/ INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0454		procedure							Horizon	NU Health	36879			36879																		
0461	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0461		procedure							Horizon	NU Health	5917			5917																		
0462	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0462		procedure							Horizon	NU Health	11315			11315																		
0463	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0463		procedure							Horizon	NU Health	15756			15756																		
0464	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0464		procedure							Horizon	NU Health	34073			34073																		
0471	TRANSIENT ISCHEMIA	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0471		procedure							Horizon	NU Health	8282			8282																		
0472	TRANSIENT ISCHEMIA	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0472		procedure							Horizon	NU Health	8991			8991																		
0473	TRANSIENT ISCHEMIA	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0473		procedure							Horizon	NU Health	11229			11229																		
0474	TRANSIENT ISCHEMIA	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0474		procedure							Horizon	NU Health	22321			22321																		
0481	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0481		procedure							Horizon	NU Health	8360			8360																		
0482	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0482		procedure							Horizon	NU Health	9365			9365																		
0483	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0483		procedure							Horizon	NU Health	13093			13093																		
0484	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0484		procedure							Horizon	NU Health	24243			24243																		
0491	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0491		procedure							Horizon	NU Health	12640			12640																		
0492	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0492		procedure							Horizon	NU Health	27633			27633																		
0493	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	2025-09-17	21.0	University Hospital	1501 Bergen St	33019	true	0493		procedure							Horizon	NU Health	44268			44268																		





description	last_updated_on	version	hospital_license_address_license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/31/19 true	drug_unit_of_measurement	drug_type_of_measurement	standard_chargeprogress	standard_chargeindisposed_cash	payer_name	plan_name	standard_chargenegotiated_dollar	standard_chargenegotiated_percentage	standard_chargenegotiated_algorithm	estimated_amount	standard_charginin	standard_charginmax	standard_charginmethodology	additional_generic_notes
MAJOR PANCREAS LIVER & SHUNT PROCEDURES	2025-09-17	2.0.0	University Hospital	3/31/19 true							NJ Health	28474						2837.8 case rate	
MAJOR PANCREAS LIVER & SHUNT PROCEDURES	2602	APR-ORG									Horizon	NJ Health	46500					51336.15 case rate	
MAJOR PANCREAS LIVER & SHUNT PROCEDURES	2603	APR-ORG									Horizon	NJ Health	46500					10440.22 case rate	
MAJOR PANCREAS LIVER & SHUNT PROCEDURES	2604	APR-ORG									Horizon	NJ Health	46500					20667.13 case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-ORG									Horizon	NJ Health	17921					3758.37 case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-ORG									Horizon	NJ Health	40555					37708 case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-ORG									Horizon	NJ Health	37708					43486.91 case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-ORG									Horizon	NJ Health	66275					79862.77 case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-ORG									Horizon	NJ Health	52001					18714.47 case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-ORG									Horizon	NJ Health	20001					23758.44 case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-ORG									Horizon	NJ Health	30038					35590.18 case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-ORG									Horizon	NJ Health	63062					22727.25 case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-ORG									Horizon	NJ Health	13345					15300.4 case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-ORG									Horizon	NJ Health	16888					19475.99 case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-ORG									Horizon	NJ Health	23006					26511.7 case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-ORG									Horizon	NJ Health	48755					62227.72 case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-ORG									Horizon	NJ Health	17771					20404.49 case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-ORG									Horizon	NJ Health	21766					25102.34 case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-ORG									Horizon	NJ Health	33875					38838.52 case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-ORG									Horizon	NJ Health	73139					84340.05 case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2701	APR-ORG									Horizon	NJ Health	6822					7861.14 case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2702	APR-ORG									Horizon	NJ Health	8735					10073.42 case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2703	APR-ORG									Horizon	NJ Health	14483					16702.83 case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2704	APR-ORG									Horizon	NJ Health	36025					41212.03 case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-ORG									Horizon	NJ Health	7054					8136.05 case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-ORG									Horizon	NJ Health	8059					9193.32 case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-ORG									Horizon	NJ Health	14983					16241.92 case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-ORG									Horizon	NJ Health	31780					36660.62 case rate	
MAALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-ORG									Horizon	NJ Health	10384					11988.67 case rate	
MAALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-ORG									Horizon	NJ Health	12329					14218.76 case rate	
MAALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-ORG									Horizon	NJ Health	17001					19670.03 case rate	
MAALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-ORG									Horizon	NJ Health	17807					20368.61 case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-ORG									Horizon	NJ Health	7190					8291.76 case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-ORG									Horizon	NJ Health	9291					10715.29 case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-ORG									Horizon	NJ Health	15521					17895.41 case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-ORG									Horizon	NJ Health	43192					49811.51 case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-ORG									Horizon	NJ Health	7103					8884.16 case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-ORG									Horizon	NJ Health	8144					10261.88 case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-ORG									Horizon	NJ Health	13752					15869.04 case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-ORG									Horizon	NJ Health	20109					23411.24 case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-ORG									Horizon	NJ Health	8307					9560.35 case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-ORG									Horizon	NJ Health	11081					12778.81 case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-ORG									Horizon	NJ Health	15688					18145.04 case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-ORG									Horizon	NJ Health	31615					36458.98 case rate	
HP JOINT REPLACEMENT	3011	APR-ORG									Horizon	NJ Health	21085					24311.11 case rate	
HP JOINT REPLACEMENT	3012	APR-ORG									Horizon	NJ Health	20004					23053.27 case rate	
HP JOINT REPLACEMENT	3013	APR-ORG									Horizon	NJ Health	31508					36334.24 case rate	
HP JOINT REPLACEMENT	3014	APR-ORG									Horizon	NJ Health	52210					60212.1 case rate	
KNEE JOINT REPLACEMENT	3021	APR-ORG									Horizon	NJ Health	21123					23007.59 case rate	
KNEE JOINT REPLACEMENT	3022	APR-ORG									Horizon	NJ Health	22378					25805.43 case rate	
KNEE JOINT REPLACEMENT	3023	APR-ORG									Horizon	NJ Health	28776					3186.84 case rate	
KNEE JOINT REPLACEMENT	3024	APR-ORG									Horizon	NJ Health	42068					49107.4 case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-ORG									Horizon	NJ Health	62185					71892.13 case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-ORG									Horizon	NJ Health	14805					16828.62 case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-ORG									Horizon	NJ Health	109907					126303.73 case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-ORG									Horizon	NJ Health	146878					171696.13 case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-ORG									Horizon	NJ Health	87786					10370.53 case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-ORG									Horizon	NJ Health	42527					51292.7 case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-ORG									Horizon	NJ Health	69159					78904.88 case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-ORG									Horizon	NJ Health	13518					15919.58 case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-ORG									Horizon	NJ Health	14189					16340.74 case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-ORG									Horizon	NJ Health	19399					22327.73 case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-ORG									Horizon	NJ Health	67145					86191.59 case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-ORG									Horizon	NJ Health	67144					77434.92 case rate	
HP & FEMUR FRACTURE REPAIR	3081	APR-ORG									Horizon	NJ Health	17176					19880.6 case rate	
HP & FEMUR FRACTURE REPAIR	3082	APR-ORG									Horizon	NJ Health	20226					23337.88 case rate	
HP & FEMUR FRACTURE REPAIR	3083	APR-ORG									Horizon	NJ Health	27013					31153.59 case rate	
HP & FEMUR FRACTURE REPAIR	3084	APR-ORG									Horizon	NJ Health	47222					54488.32 case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-ORG									Horizon	NJ Health	7332					19988.36 case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-ORG									Horizon	NJ Health	24838					28414.47 case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-ORG									Horizon	NJ Health	45971					51483.84 case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-ORG									Horizon	NJ Health	70334					81113.59 case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-ORG									Horizon	NJ Health	12915					14894.76 case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-ORG									Horizon	NJ Health	17145					19772.29 case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-ORG									Horizon	NJ Health	24808					28610.25 case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-ORG									Horizon	NJ Health	53338					61512.75 case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-ORG									Horizon	NJ Health	30533					34956.92 case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-ORG									Horizon	NJ Health	30304					34848.9 case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECT																			

description	last_updated_on	version	hospital_license	hospital_address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit_of_measurement	type_of_measurement	standard_charge	standard_charge_discounted_cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_in	standard_charge_in	standard_charge_in	standard_charge_in	standard_charge_in	additional_generic_notes
description	last_updated_on	version	hospital_license	hospital_address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit_of_measurement	type_of_measurement	standard_charge	standard_charge_discounted_cash	payer_name	plan_name	standard_charge_negotiated_dollar	standard_charge_negotiated_percentage	standard_charge_negotiated_algorithm	estimated_amount	standard_charge_in	standard_charge_in	standard_charge_in	standard_charge_in	standard_charge_in	additional_generic_notes
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	2025-09-17	2.0.0	University Hosp 109 Bergen St	33019 true									24331								28290.9 case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3812	APR-ORG											35229								46044.05 case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3813	APR-ORG											35229								46044.05 case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3814	APR-ORG											37366								86266.56 case rate	
MASTECTOMY PROCEDURES	3821	APR-ORG											17668								20376.57 case rate	
MASTECTOMY PROCEDURES	3822	APR-ORG											17592								24801 case rate	
MASTECTOMY PROCEDURES	3823	APR-ORG											26572								36644.19 case rate	
MASTECTOMY PROCEDURES	3824	APR-ORG											55596								64532.34 case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3831	APR-ORG											13786								15988.23 case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3832	APR-ORG											22361								28825.53 case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3833	APR-ORG											29697								34247.97 case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3834	APR-ORG											57197								65963.59 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3841	APR-ORG											11134								12842.14 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3842	APR-ORG											15388								17746.07 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3843	APR-ORG											13918								17393.53 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3844	APR-ORG											48665								54047.17 case rate	
SKIN ULCERS	3801	APR-ORG											7030								8790.18 case rate	
SKIN ULCERS	3802	APR-ORG											1147								12646.79 case rate	
SKIN ULCERS	3803	APR-ORG											13222								15247.94 case rate	
SKIN ULCERS	3804	APR-ORG											23964								29291.39 case rate	
MAJOR SKIN DISORDERS	3811	APR-ORG											6138								7075.16 case rate	
MAJOR SKIN DISORDERS	3812	APR-ORG											10818								12478.98 case rate	
MAJOR SKIN DISORDERS	3813	APR-ORG											10255								12517.45 case rate	
MAJOR SKIN DISORDERS	3814	APR-ORG											52795								60886.02 case rate	
MALIGNANT BREAST DISORDERS	3821	APR-ORG											8327								9603.1 case rate	
MALIGNANT BREAST DISORDERS	3822	APR-ORG											8877								11391.09 case rate	
MALIGNANT BREAST DISORDERS	3823	APR-ORG											15654								18052.76 case rate	
MALIGNANT BREAST DISORDERS	3824	APR-ORG											26239								30364.5 case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-ORG											6023								6946.59 case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-ORG											8017								9245.36 case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-ORG											12338								14394.62 case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-ORG											25115								33981.47 case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-ORG											7716								8888.41 case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-ORG											3146								3584.2 case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-ORG											13411								15455.11 case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-ORG											9195								39102.35 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3861	APR-ORG											5744								6623.87 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3862	APR-ORG											7629								8774.65 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3863	APR-ORG											12158								14021.39 case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3864	APR-ORG											14262								16787.53 case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-ORG											19914								22966.5 case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-ORG											26773								30876.77 case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-ORG											65965								75197.17 case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-ORG											97508								112450.6 case rate	
PROCEDURES FOR OBESITY	4031	APR-ORG											17380								20044.15 case rate	
PROCEDURES FOR OBESITY	4032	APR-ORG											18302								22980.42 case rate	
PROCEDURES FOR OBESITY	4033	APR-ORG											26334								33829.89 case rate	
PROCEDURES FOR OBESITY	4034	APR-ORG											62209								92346.68 case rate	
THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	4041	APR-ORG											11066								12795.83 case rate	
THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	4042	APR-ORG											14866								17144.37 case rate	
THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	4043	APR-ORG											26289								32824.41 case rate	
THYROID, PARATHYROID & THYROIDGLAND PROCEDURES	4044	APR-ORG											47798								58188.58 case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-ORG											17255								19899.52 case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-ORG											21360								24687.92 case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-ORG											31781								36651.52 case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-ORG											72471								83377.98 case rate	
DIABETES	4201	APR-ORG											5800								6465.78 case rate	
DIABETES	4202	APR-ORG											7227								8346.47 case rate	
DIABETES	4203	APR-ORG											10880								12524.75 case rate	
DIABETES	4204	APR-ORG											26491								30328.22 case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-ORG											7338								8891.15 case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-ORG											8373								9656.82 case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-ORG											2341								24809.88 case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-ORG											27227								31399.83 case rate	
HYPOVLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-ORG											4511								5201.83 case rate	
HYPOVLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-ORG											6471								7462.41 case rate	
HYPOVLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-ORG											9465								10915.43 case rate	
HYPOVLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-ORG											20499								23844.71 case rate	
INBORN ERRORS OF METABOLISM	4231	APR-ORG											8200								9457.6 case rate	
INBORN ERRORS OF METABOLISM	4232	APR-ORG											10728								12372.2 case rate	
INBORN ERRORS OF METABOLISM	4233	APR-ORG											16000								18525.28 case rate	
INBORN ERRORS OF METABOLISM	4234	APR-ORG											32855								37832.96 case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-ORG		</																		









description	code/lig	2025-09-17	21.0	cost	hospital_location	hospital_address	license_num	to the best of my knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	true	drug_unit_of_measurement	drug_type_of_measurement	standard_charge/pgrs	standard_charge/medicaid_cash	payer_name	plan_name	standard_chrgnegligated_dollar	standard_chrgnegligated_percentage	standard_chrgnegligated_algorithm	estimated_amount	standard_chrginpt	standard_chrgmedins	standard_chrginptmedhology	additional_generic_notes
MIGRAINE & OTHER HEADACHES	0542	APR-ORG	UHC	Medicaid								9967.99								8803	71598.48	case rate		
MIGRAINE & OTHER HEADACHES	0543	APR-ORG	UHC	Medicaid								12162.03								10989	41858.01	case rate		
MIGRAINE & OTHER HEADACHES	0544	APR-ORG	UHC	Medicaid								2300.02								8925	3145.31	case rate		
HEAD TRAUMA W/COMA >1HR OR HEMORRHAGE	0551	APR-ORG	UHC	Medicaid								10251.62								9195	62083.54	case rate		
HEAD TRAUMA W/COMA >1HR OR HEMORRHAGE	0552	APR-ORG	UHC	Medicaid								1388.27								1136	35145.31	case rate		
HEAD TRAUMA W/COMA >1HR OR HEMORRHAGE	0553	APR-ORG	UHC	Medicaid								2180.04								1045	15425.85	case rate		
HEAD TRAUMA W/COMA >1HR OR HEMORRHAGE	0554	APR-ORG	UHC	Medicaid								4620.69								9827.89	20728.21	case rate		
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1HR OR NO COMA	0561	APR-ORG	UHC	Medicaid								10313.87								5011	29453.19	case rate		
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1HR OR NO COMA	0562	APR-ORG	UHC	Medicaid								14003.92								1207	54825.76	case rate		
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1HR OR NO COMA	0563	APR-ORG	UHC	Medicaid								23111.24								10521.14	32891.77	case rate		
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1HR OR NO COMA	0564	APR-ORG	UHC	Medicaid								56498.8								16534	61708.81	case rate		
CONCUSSION, CLOSED SKULL FX NOS/UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-ORG	UHC	Medicaid								10164.51								9078	68425.02	case rate		
CONCUSSION, CLOSED SKULL FX NOS/UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-ORG	UHC	Medicaid								12765.36								11401	46970.65	case rate		
CONCUSSION, CLOSED SKULL FX NOS/UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-ORG	UHC	Medicaid								16018.71								10501	20948.26	case rate		
CONCUSSION, CLOSED SKULL FX NOS/UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-ORG	UHC	Medicaid								41275.16								38664	118811.42	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-ORG	UHC	Medicaid								9639.69								8609	46226.25	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-ORG	UHC	Medicaid								11959.02								9181	41721.49	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-ORG	UHC	Medicaid								16460.8								14701	53755.55	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-ORG	UHC	Medicaid								37488.87								24162.91	72981.7	case rate		
ORBITAL PROCEDURES	0701	APR-ORG	UHC	Medicaid								1488.7								1308	5338.39	case rate		
ORBITAL PROCEDURES	0702	APR-ORG	UHC	Medicaid								20077.5								18378	21194.83	case rate		
ORBITAL PROCEDURES	0703	APR-ORG	UHC	Medicaid								33700.9								31243	54762.01	case rate		
ORBITAL PROCEDURES	0704	APR-ORG	UHC	Medicaid								8385.08								74741	86195.61	case rate		
EYE PROCEDURES EXCEPT ORBIT	0731	APR-ORG	UHC	Medicaid								12871.74								11501	13264.07	case rate		
EYE PROCEDURES EXCEPT ORBIT	0732	APR-ORG	UHC	Medicaid								15231.94								13595	19517.6	case rate		
EYE PROCEDURES EXCEPT ORBIT	0733	APR-ORG	UHC	Medicaid								25440.71								22722	28203.93	case rate		
EYE PROCEDURES EXCEPT ORBIT	0734	APR-ORG	UHC	Medicaid								55011.39								24827.28	89944.24	case rate		
ACUTE MAJOR EYE INFECTIONS	0801	APR-ORG	UHC	Medicaid								6902.39								5977	60706.59	case rate		
ACUTE MAJOR EYE INFECTIONS	0802	APR-ORG	UHC	Medicaid								9180.19								8199	130564.23	case rate		
ACUTE MAJOR EYE INFECTIONS	0803	APR-ORG	UHC	Medicaid								14939.89								13379	67173.55	case rate		
ACUTE MAJOR EYE INFECTIONS	0804	APR-ORG	UHC	Medicaid								2693.34								1306.89	47981.11	case rate		
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-ORG	UHC	Medicaid								7802.73								6969	93384.46	case rate		
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-ORG	UHC	Medicaid								9765.23								9171	41765.87	case rate		
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-ORG	UHC	Medicaid								16408.01								13247	170491.07	case rate		
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-ORG	UHC	Medicaid								23562.53								22662	85996.96	case rate		
MAJOR CRANIOFACIAL BONE PROCEDURES	0881	APR-ORG	UHC	Medicaid								25366.22								22690	26121.03	case rate		
MAJOR CRANIOFACIAL BONE PROCEDURES	0882	APR-ORG	UHC	Medicaid								32098.04								28246	33931.37	case rate		
MAJOR CRANIOFACIAL BONE PROCEDURES	0883	APR-ORG	UHC	Medicaid								55112.27								46230	98774.91	case rate		
MAJOR CRANIOFACIAL BONE PROCEDURES	0884	APR-ORG	UHC	Medicaid								98305.04								2000	101231.56	case rate		
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-ORG	UHC	Medicaid								14684.52								13124	174162.35	case rate		
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-ORG	UHC	Medicaid								3838.56								22413.54	74900.04	case rate		
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-ORG	UHC	Medicaid								58671.87								14382.42	68432.03	case rate		
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-ORG	UHC	Medicaid								113839.75								45605.46	126388.58	case rate		
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-ORG	UHC	Medicaid								21464.98								19189	22120.53	case rate		
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-ORG	UHC	Medicaid								32633.9								3053	13030.52	case rate		
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-ORG	UHC	Medicaid								55028.68								19114.58	67903.54	case rate		
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-ORG	UHC	Medicaid								89103.84								10028.08	50774.77	case rate		
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIOFACIAL BONE PROCEDURES	0921	APR-ORG	UHC	Medicaid								17129.68								8127.78	27962.35	case rate		
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIOFACIAL BONE PROCEDURES	0922	APR-ORG	UHC	Medicaid								24733.11								19924.38	60788.51	case rate		
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIOFACIAL BONE PROCEDURES	0923	APR-ORG	UHC	Medicaid								34075.5								12668.97	40248.18	case rate		
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIOFACIAL BONE PROCEDURES	0924	APR-ORG	UHC	Medicaid								49323.69								78681.02	136760.09	case rate		
SINUS & MASTOID PROCEDURES	0931	APR-ORG	UHC	Medicaid								17611.07								15147	18160	case rate		
SINUS & MASTOID PROCEDURES	0932	APR-ORG	UHC	Medicaid								21275.2								19423	22276.96	case rate		
SINUS & MASTOID PROCEDURES	0933	APR-ORG	UHC	Medicaid								3764.93								3319	11517.72	case rate		
SINUS & MASTOID PROCEDURES	0934	APR-ORG	UHC	Medicaid								60548.08								25346.16	71919.33	case rate		
CLEFT LIP & PALATE REPAIR	0951	APR-ORG	UHC	Medicaid								11932.8								6913	31145.19	case rate		
CLEFT LIP & PALATE REPAIR	0952	APR-ORG	UHC	Medicaid								13827.83								12377	14273.56	case rate		
CLEFT LIP & PALATE REPAIR	0953	APR-ORG	UHC	Medicaid								21238.38								19899	21976.56	case rate		
CLEFT LIP & PALATE REPAIR	0954	APR-ORG	UHC	Medicaid								43833.94								9149	61448.95	case rate		
TONSIL & ADENOID PROCEDURES	0971	APR-ORG	UHC	Medicaid								7219.13								6448	7435.7	case rate		
TONSIL & ADENOID PROCEDURES	0972	APR-ORG	UHC	Medicaid								11091.98								8888	11414.44	case rate		
TONSIL & ADENOID PROCEDURES	0973	APR-ORG	UHC	Medicaid								25124.45								9233	27788.48	case rate		
TONSIL & ADENOID PROCEDURES	0974	APR-ORG	UHC	Medicaid								72753.21								32217.56	106218.06	case rate		
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-ORG	UHC	Medicaid								12684.42								11302	170480.09	case rate		
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-ORG	UHC	Medicaid								166020.92								14021	66980.27	case rate		
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-ORG	UHC	Medicaid								28607.73								19703.88	61206.88	case rate		
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-ORG	UHC	Medicaid								50043.07								50106	57084.19	case rate		
EAR, NOSE, MOUTH, THROAT, CRANIOFACIAL MALIGNANCIES	1101	APR-ORG	UHC	Medicaid								9910.55								861	10207.87	case rate		
EAR, NOSE, MOUTH, THROAT, CRANIOFACIAL MALIGNANCIES	1102	APR-ORG	UHC	Medicaid								12724.44								11384	13108.17	case rate		
EAR, NOSE, MOUTH, THROAT, CRANIOFACIAL MALIGNANCIES	1103	APR-ORG	UHC	Medicaid								26328.14								19197.36	60375	case rate		
EAR, NOSE, MOUTH, THROAT, CRANIOFACIAL MALIGNANCIES	1104	APR-ORG	UHC	Medicaid								37645.71								33822	38776.08	case rate		
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-ORG	UHC	Medicaid								8081.85								7218	8304.31	case rate		
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-ORG	UHC	Medicaid								9801.19								8003	9238.03	case rate		
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-ORG	UHC	Medicaid								11231.72								10031	11688.67	case rate		
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-ORG	UHC	Medicaid								25222.79								21009	24228.46	case rate		
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-ORG	UHC	Medicaid								4591.32												



























University Hospital	last_updated_on	version	hospital_location	hospital_address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargeprogress	standard_chargedisclosed_cash	payer_name	plan_name	standard_chargingnegotiated_dollar	standard_chargingnegotiated_percentage	standard_chargingnegotiated_algorithm	estimated_amount	standard_charginin	standard_chargingtimes	standard_chargingmethodology	additional_generic_names
University Hospital	2025-09-17	2.0.0	University Hsp	1900 Bergen St	31019 true		code/ligp	code/ligp												
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-ORG	inpatient	Welfare	Medicaid	2362.87							2075			2362.87	2075			
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-ORG	inpatient	Welfare	Medicaid	4120.01							3380			4120.01	3380			
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-ORG	inpatient	Welfare	Medicaid	8208.08							7189			8208.08	7189			
NEONATE W/ ECMO	5831	APR-ORG	inpatient	Welfare	Medicaid	130733.76							113360			130733.76	113360			
NEONATE W/ ECMO	5832	APR-ORG	inpatient	Welfare	Medicaid	142565.81							125655			142565.81	125655			
NEONATE W/ ECMO	5833	APR-ORG	inpatient	Welfare	Medicaid	272332.6							236141			272332.6	236141			
NEONATE W/ ECMO	5834	APR-ORG	inpatient	Welfare	Medicaid	407272.93							351109			407272.93	351109			
NEONATE BMT <1800G W/ MAJOR PROCEDURE	5881	APR-ORG	inpatient	Welfare	Medicaid	12823.22							11251			12823.22	11251			
NEONATE BMT <1500G W/ MAJOR PROCEDURE	5882	APR-ORG	inpatient	Welfare	Medicaid	142558.08							129613			142558.08	129613			
NEONATE BMT <1500G W/ MAJOR PROCEDURE	5883	APR-ORG	inpatient	Welfare	Medicaid	29190.14							252406			29190.14	252406			
NEONATE BMT <1500G W/ MAJOR PROCEDURE	5884	APR-ORG	inpatient	Welfare	Medicaid	39661.799							321839			39661.799	321839			
NEONATE BMT <500G OR GA <24 WEEKS	5891	APR-ORG	inpatient	Welfare	Medicaid	225277.33							195339			225277.33	195339			
NEONATE BMT <500G OR GA <24 WEEKS	5892	APR-ORG	inpatient	Welfare	Medicaid	158209.9							157021			158209.9	157021			
NEONATE BMT <500G OR GA <24 WEEKS	5893	APR-ORG	inpatient	Welfare	Medicaid	191301.75							16016			191301.75	16016			
NEONATE BMT <500G OR GA <24 WEEKS	5894	APR-ORG	inpatient	Welfare	Medicaid	3842.11							3332			3842.11	3332			
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5911	APR-ORG	inpatient	Welfare	Medicaid	134336							11667			134336	11667			
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5912	APR-ORG	inpatient	Welfare	Medicaid	186653.31							161848			186653.31	161848			
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5913	APR-ORG	inpatient	Welfare	Medicaid	231760.01							200977			231760.01	200977			
NEONATE BIRTHWT 500-749G W/ MAJOR PROCEDURE	5914	APR-ORG	inpatient	Welfare	Medicaid	27274.07							20720			27274.07	20720			
NEONATE BIRTHWT 750-899G W/ MAJOR PROCEDURE	5931	APR-ORG	inpatient	Welfare	Medicaid	4713.85							4070			4713.85	4070			
NEONATE BIRTHWT 750-899G W/ MAJOR PROCEDURE	5932	APR-ORG	inpatient	Welfare	Medicaid	14152.42							122541			14152.42	122541			
NEONATE BIRTHWT 750-899G W/ MAJOR PROCEDURE	5933	APR-ORG	inpatient	Welfare	Medicaid	18201.82							162024			18201.82	162024			
NEONATE BIRTHWT 750-899G W/ MAJOR PROCEDURE	5934	APR-ORG	inpatient	Welfare	Medicaid	26804.6							23002			26804.6	23002			
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6021	APR-ORG	inpatient	Welfare	Medicaid	81346.65							53194			81346.65	53194			
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6022	APR-ORG	inpatient	Welfare	Medicaid	112623.03							97672			112623.03	97672			
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6023	APR-ORG	inpatient	Welfare	Medicaid	148534.14							129662			148534.14	129662			
NEONATE BMT 1000-1249G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6024	APR-ORG	inpatient	Welfare	Medicaid	20704.45							179503			20704.45	179503			
NEONATE BIRTHWT 1000-1249G W/ OR W/ OTHER SIGNIFICANT CONDITION	6031	APR-ORG	inpatient	Welfare	Medicaid	84565.24							51664			84565.24	51664			
NEONATE BIRTHWT 1000-1249G W/ OR W/ OTHER SIGNIFICANT CONDITION	6032	APR-ORG	inpatient	Welfare	Medicaid	82290.28							71354			82290.28	71354			
NEONATE BIRTHWT 1000-1249G W/ OR W/ OTHER SIGNIFICANT CONDITION	6033	APR-ORG	inpatient	Welfare	Medicaid	122279.85							106029			122279.85	106029			
NEONATE BIRTHWT 1000-1249G W/ OR W/ OTHER SIGNIFICANT CONDITION	6034	APR-ORG	inpatient	Welfare	Medicaid	21950.82							19246			21950.82	19246			
NEONATE BMT 1250-1499G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6071	APR-ORG	inpatient	Welfare	Medicaid	58923.02							48481			58923.02	48481			
NEONATE BMT 1250-1499G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6072	APR-ORG	inpatient	Welfare	Medicaid	87327.25							70709			87327.25	70709			
NEONATE BMT 1250-1499G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6073	APR-ORG	inpatient	Welfare	Medicaid	118201.89							102443			118201.89	102443			
NEONATE BMT 1250-1499G W/ RESP DIST SYNDDIOTH MAJ RESP OR MAJ ANOM	6074	APR-ORG	inpatient	Welfare	Medicaid	165314.34							143345			165314.34	143345			
NEONATE BMT 1250-1499G W/ OR W/ OTHER SIGNIFICANT CONDITION	6081	APR-ORG	inpatient	Welfare	Medicaid	376425.25							32014			376425.25	32014			
NEONATE BMT 1250-1499G W/ OR W/ OTHER SIGNIFICANT CONDITION	6082	APR-ORG	inpatient	Welfare	Medicaid	71213.11							61749			71213.11	61749			
NEONATE BMT 1250-1499G W/ OR W/ OTHER SIGNIFICANT CONDITION	6083	APR-ORG	inpatient	Welfare	Medicaid	105203.83							91224			105203.83	91224			
NEONATE BMT 1250-1499G W/ OR W/ OTHER SIGNIFICANT CONDITION	6084	APR-ORG	inpatient	Welfare	Medicaid	1422374.13							1242313			1422374.13	1242313			
NEONATE BMT 1500-2499G W/ MAJOR PROCEDURE	6091	APR-ORG	inpatient	Welfare	Medicaid	5880.16							50903			5880.16	50903			
NEONATE BMT 1500-2499G W/ MAJOR PROCEDURE	6092	APR-ORG	inpatient	Welfare	Medicaid	76377.73							66227			76377.73	66227			
NEONATE BMT 1500-2499G W/ MAJOR PROCEDURE	6093	APR-ORG	inpatient	Welfare	Medicaid	121648.91							103666			121648.91	103666			
NEONATE BMT 1500-2499G W/ MAJOR PROCEDURE	6094	APR-ORG	inpatient	Welfare	Medicaid	225844.32							196977			225844.32	196977			
NEONATE BIRTHWT 1500-1999G W/ MAJOR ANOMALY	6111	APR-ORG	inpatient	Welfare	Medicaid	32584.83							28254			32584.83	28254			
NEONATE BIRTHWT 1500-1999G W/ MAJOR ANOMALY	6112	APR-ORG	inpatient	Welfare	Medicaid	52435							45435			52435	45435			
NEONATE BIRTHWT 1500-1999G W/ MAJOR ANOMALY	6113	APR-ORG	inpatient	Welfare	Medicaid	8438.19							7362			8438.19	7362			
NEONATE BIRTHWT 1500-1999G W/ MAJOR ANOMALY	6114	APR-ORG	inpatient	Welfare	Medicaid	13326.14							115070			13326.14	115070			
NEONATE BMT 1500-1999G W/ RESP DIST SYNDDIOTH MAJ RESP COND	6121	APR-ORG	inpatient	Welfare	Medicaid	36469.29							31436			36469.29	31436			
NEONATE BMT 1500-1999G W/ RESP DIST SYNDDIOTH MAJ RESP COND	6122	APR-ORG	inpatient	Welfare	Medicaid	63378.43							52333			63378.43	52333			
NEONATE BMT 1500-1999G W/ RESP DIST SYNDDIOTH MAJ RESP COND	6123	APR-ORG	inpatient	Welfare	Medicaid	8488.44							7290			8488.44	7290			
NEONATE BMT 1500-1999G W/ RESP DIST SYNDDIOTH MAJ RESP COND	6124	APR-ORG	inpatient	Welfare	Medicaid	12806.76							11047			12806.76	11047			
NEONATE BIRTHWT 1500-1999G W/ CONGENITAL/PERINATAL INFECTION	6131	APR-ORG	inpatient	Welfare	Medicaid	3315.76							2870			3315.76	2870			
NEONATE BIRTHWT 1500-1999G W/ CONGENITAL/PERINATAL INFECTION	6132	APR-ORG	inpatient	Welfare	Medicaid	5130.81							4407			5130.81	4407			
NEONATE BIRTHWT 1500-1999G W/ CONGENITAL/PERINATAL INFECTION	6133	APR-ORG	inpatient	Welfare	Medicaid	85378.94							7402			85378.94	7402			
NEONATE BIRTHWT 1500-1999G W/ CONGENITAL/PERINATAL INFECTION	6134	APR-ORG	inpatient	Welfare	Medicaid	113827.27							98704			113827.27	98704			
NEONATE BMT 1500-1999G W/ OR W/ OTHER SIGNIFICANT CONDITION	6141	APR-ORG	inpatient	Welfare	Medicaid	21348.47							18072			21348.47	18072			
NEONATE BMT 1500-1999G W/ OR W/ OTHER SIGNIFICANT CONDITION	6142	APR-ORG	inpatient	Welfare	Medicaid	43464.74							37688			43464.74	37688			
NEONATE BMT 1500-1999G W/ OR W/ OTHER SIGNIFICANT CONDITION	6143	APR-ORG	inpatient	Welfare	Medicaid	71267.69							61814			71267.69	61814			
NEONATE BMT 1500-1999G W/ OR W/ OTHER SIGNIFICANT CONDITION	6144	APR-ORG	inpatient	Welfare	Medicaid	76203.37							65210			76203.37	65210			
NEONATE BMT 2000-2499G W/ MAJOR ANOMALY	6211	APR-ORG	inpatient	Welfare	Medicaid	15234.49							13210			15234.49	13210			
NEONATE BMT 2000-2499G W/ MAJOR ANOMALY	6212	APR-ORG	inpatient	Welfare	Medicaid	32970.27							28689			32970.27	28689			
NEONATE BMT 2000-2499G W/ MAJOR ANOMALY	6213	APR-ORG	inpatient	Welfare	Medicaid	55512.54							48152			55512.54	48152			
NEONATE BMT 2000-2499G W/ MAJOR ANOMALY	6214	APR-ORG	inpatient	Welfare	Medicaid	108901.01							95209			108901.01	95209			
NEONATE BMT 2000-2499G W/ RESP DIST SYNDDIOTH MAJ RESP COND	6221	APR-ORG	inpatient	Welfare	Medicaid	24651.71							21358			24651.71	21358			



description	last_updated_on	version	hospital_location	address_line1	address_line2	city	state	zip	status	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelgnoss	standard_chargelgnoss_cash	payer_name	plan_name	standard_chargelgnost_dollar	standard_chargelgnost_percentage	standard_chargelgnost_algorithm	estimated_amount	standard_charginpm	standard_chargelgnost	standard_chargelgnosttechnology	additional_generic_notes
UNIVERSITY HOSPITAL	2025-09-17	2.0.0	University Hospital	1501 Bergem St		31019	TN		true														
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/ SKIN GRAFT	8432	APR-ORG	Wheeler	Medicaid	1610.91														13987	16130.91	case rate		
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/ SKIN GRAFT	8433	APR-ORG	Wheeler	Medicaid	2949.08														26544	2949.08	case rate		
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/ SKIN GRAFT	8434	APR-ORG	Wheeler	Medicaid	7947.479														8913	7947.479	case rate		
PARTIAL THICKNESS BURNS W/ SKIN GRAFT	8441	APR-ORG	Wheeler	Medicaid	7815.4														6777	7815.4	case rate		
PARTIAL THICKNESS BURNS W/ SKIN GRAFT	8442	APR-ORG	Wheeler	Medicaid	11706.62														12020	11706.62	case rate		
PARTIAL THICKNESS BURNS W/ SKIN GRAFT	8443	APR-ORG	Wheeler	Medicaid	22965.38														23067	22965.38	case rate		
PARTIAL THICKNESS BURNS W/ SKIN GRAFT	8444	APR-ORG	Wheeler	Medicaid	6794.92														5981	6794.92	case rate		
PROCEDURE W/DIAG OF REHAB AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-ORG	Wheeler	Medicaid	24192.241														21917	24192.241	case rate		
PROCEDURE W/DIAG OF REHAB AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-ORG	Wheeler	Medicaid	30265.55														26269	30265.55	case rate		
PROCEDURE W/DIAG OF REHAB AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-ORG	Wheeler	Medicaid	41622.24														36091	41622.24	case rate		
PROCEDURE W/DIAG OF REHAB AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-ORG	Wheeler	Medicaid	76977.08														65967	76977.08	case rate		
REHABILITATION	8601	APR-ORG	Wheeler	Medicaid	13218.58														11482	13218.58	case rate		
REHABILITATION	8602	APR-ORG	Wheeler	Medicaid	17905.84														15026	17905.84	case rate		
REHABILITATION	8603	APR-ORG	Wheeler	Medicaid	24627.83														21361	24627.83	case rate		
REHABILITATION	8604	APR-ORG	Wheeler	Medicaid	33217.2														28803	33217.2	case rate		
SGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-ORG	Wheeler	Medicaid	6786.91														5885	6786.91	case rate		
SGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-ORG	Wheeler	Medicaid	8579.55														7617	8579.55	case rate		
SGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-ORG	Wheeler	Medicaid	12689.76														11003	12689.76	case rate		
SGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-ORG	Wheeler	Medicaid	20176.76														22191	20176.76	case rate		
OTHER AFTERCARE & CONVALESCENCE	8621	APR-ORG	Wheeler	Medicaid	696.41														602	696.41	case rate		
OTHER AFTERCARE & CONVALESCENCE	8622	APR-ORG	Wheeler	Medicaid	10201.44														886	10201.44	case rate		
OTHER AFTERCARE & CONVALESCENCE	8623	APR-ORG	Wheeler	Medicaid	14977.14														1300	14977.14	case rate		
OTHER AFTERCARE & CONVALESCENCE	8624	APR-ORG	Wheeler	Medicaid	24379.23														2119	24379.23	case rate		
NEONATAL AFTERCARE	8631	APR-ORG	Wheeler	Medicaid	12189.17														10578	12189.17	case rate		
NEONATAL AFTERCARE	8632	APR-ORG	Wheeler	Medicaid	34802.24														2990	34802.24	case rate		
NEONATAL AFTERCARE	8633	APR-ORG	Wheeler	Medicaid	61729.01														5325	61729.01	case rate		
NEONATAL AFTERCARE	8634	APR-ORG	Wheeler	Medicaid	14748.97														12878	14748.97	case rate		
HIW W MULTIPLE MAJOR HV RELATED CONDITIONS	8681	APR-ORG	Wheeler	Medicaid	16429.38														1400	16429.38	case rate		
HIW W MULTIPLE MAJOR HV RELATED CONDITIONS	8682	APR-ORG	Wheeler	Medicaid	16935.42														1488	16935.42	case rate		
HIW W MULTIPLE MAJOR HV RELATED CONDITIONS	8683	APR-ORG	Wheeler	Medicaid	26934.35														2335	26934.35	case rate		
HIW W MULTIPLE MAJOR HV RELATED CONDITIONS	8684	APR-ORG	Wheeler	Medicaid	54209.99														4700	54209.99	case rate		
HIW W MAJOR HV RELATED CONDITION	8681	APR-ORG	Wheeler	Medicaid	11323.22														9818	11323.22	case rate		
HIW W MAJOR HV RELATED CONDITION	8682	APR-ORG	Wheeler	Medicaid	14978.89														1296	14978.89	case rate		
HIW W MAJOR HV RELATED CONDITION	8683	APR-ORG	Wheeler	Medicaid	19521														1682	19521	case rate		
HIW W MAJOR HV RELATED CONDITION	8684	APR-ORG	Wheeler	Medicaid	38065.24														33024	38065.24	case rate		
HIW W MULTIPLE SIGNIFICANT HV RELATED CONDITIONS	8681	APR-ORG	Wheeler	Medicaid	13407.78														1186	13407.78	case rate		
HIW W MULTIPLE SIGNIFICANT HV RELATED CONDITIONS	8682	APR-ORG	Wheeler	Medicaid	15225.24														1306	15225.24	case rate		
HIW W MULTIPLE SIGNIFICANT HV RELATED CONDITIONS	8683	APR-ORG	Wheeler	Medicaid	23327.81														2067	23327.81	case rate		
HIW W MULTIPLE SIGNIFICANT HV RELATED CONDITIONS	8684	APR-ORG	Wheeler	Medicaid	49060.26														4268	49060.26	case rate		
HIW W ONE SIGNIF HV COND OR W/O SIGNIF RELATED COND	8641	APR-ORG	Wheeler	Medicaid	10365.36														9005	10365.36	case rate		
HIW W ONE SIGNIF HV COND OR W/O SIGNIF RELATED COND	8642	APR-ORG	Wheeler	Medicaid	12484.38														10825	12484.38	case rate		
HIW W ONE SIGNIF HV COND OR W/O SIGNIF RELATED COND	8643	APR-ORG	Wheeler	Medicaid	17842.32														15472	17842.32	case rate		
HIW W ONE SIGNIF HV COND OR W/O SIGNIF RELATED COND	8644	APR-ORG	Wheeler	Medicaid	25522.67														22157	25522.67	case rate		
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-ORG	Wheeler	Medicaid	4898.39														42214	4898.39	case rate		
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-ORG	Wheeler	Medicaid	67196.3														5778	67196.3	case rate		
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-ORG	Wheeler	Medicaid	7310.65														6302	7310.65	case rate		
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-ORG	Wheeler	Medicaid	10500.95														13486	10500.95	case rate		
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-ORG	Wheeler	Medicaid	6786.56														5906	6786.56	case rate		
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-ORG	Wheeler	Medicaid	32027.41														3028	32027.41	case rate		
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-ORG	Wheeler	Medicaid	47861														4146	47861	case rate		
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-ORG	Wheeler	Medicaid	11939.71														1078	11939.71	case rate		
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFCANT TRAUMA	9121	APR-ORG	Wheeler	Medicaid	32365.58														2802	32365.58	case rate		
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFCANT TRAUMA	9122	APR-ORG	Wheeler	Medicaid	56979.54														5079	56979.54	case rate		
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFCANT TRAUMA	9123	APR-ORG	Wheeler	Medicaid	58789.56														5077	58789.56	case rate		
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFCANT TRAUMA	9124	APR-ORG	Wheeler	Medicaid	11310.17														9823	11310.17	case rate		
MULTIPLE SIGNIFICANT TRAUMA W/O R. PROCEDURE	9301	APR-ORG	Wheeler	Medicaid	12318.78														1062	12318.78	case rate		
MULTIPLE SIGNIFICANT TRAUMA W/O R. PROCEDURE	9302	APR-ORG	Wheeler	Medicaid	16572.83														1470	16572.83	case rate		
MULTIPLE SIGNIFICANT TRAUMA W/O R. PROCEDURE	9303	APR-ORG	Wheeler	Medicaid	28110.54														2264	28110.54	case rate		
MULTIPLE SIGNIFICANT TRAUMA W/O R. PROCEDURE	9304	APR-ORG	Wheeler	Medicaid	61923.87														5368	61923.87	case rate		
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9601	APR-ORG	Wheeler	Medicaid	2324.33														2025	2324.33	case rate		
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9602	APR-ORG	Wheeler	Medicaid	34209.09														2969	34209.09	case rate		
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9603	APR-ORG	Wheeler	Medicaid	5302.16														4597	5302.16	case rate		
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9604	APR-ORG	Wheeler	Medicaid	101433.66														8764	101433.66	case rate		
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9611	APR-ORG	Wheeler	Medicaid	16934.14														1492	16934.14	case rate		
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9612	APR-ORG	Wheeler	Medicaid	23665.72																		





















code	code/line	last_updated_on	version	hospital_location	address/license_num/10	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	unit	description	drug_unit_of_measurement	drug_type_of_measurement	standard_charge/prior	standard_charge/updated/cash	payee_name	plan_name	standard_charge/negotiated/dollar	standard_charge/negotiated/percentage	standard_charge/negotiated/algorithm	estimated_amount	standard_charge/in	standard_charge/mys	standard_charge/mehcology	additional_generic_notes
036	MS DRG	2025-09-17	2.0.0	University Hospital	1090 Bergen St	31019 true	036	CARDIOT ARTERY STEM PROCEDURE W/CCMCC			35166.57	21651.7		HMOPPO	21651.7			21651.7		67326.08	case rate	
037	MS DRG						037	EXTRACRANIAL PROCEDURES W/CCMCC			5807.68	3622.08		HMOPPO	3622.08			3622.08		125264.07	case rate	
038	MS DRG						038	EXTRACRANIAL PROCEDURES W/CCMCC			3112.4	1923.1		HMOPPO	1923.1			1923.1		6528	case rate	
039	MS DRG						039	EXTRACRANIAL PROCEDURES W/CCMCC			2556.18	1345.87		HMOPPO	1345.87			1345.87		44717.53	case rate	
040	MS DRG						040	PERIPHERAL NERVE & OTHER NRV SYST PROC W/CC			4555.23	2455.23		HMOPPO	2455.23			2455.23		15327.7	case rate	
041	MS DRG						041	PERIPHERAL NERVE & OTHER NRV SYST PROC W/CC OR PERIPH NEUROSTIM			4107.51	2657.77		HMOPPO	2657.77			2657.77		9194.11	case rate	
042	MS DRG						042	PERIPHERAL NERVE & OTHER NRV SYST PROC W/CC			3410.13	2079.93		HMOPPO	2079.93			2079.93		10687.39	case rate	
043	MS DRG						043	SPINAL DISORDERS & INJURIES W/CCMCC			2702.08	2377.68		HMOPPO	2377.68			2377.68		8603.18	case rate	
044	MS DRG						044	SPINAL DISORDERS & INJURIES W/CCMCC			2250.3	1083.13		HMOPPO	1083.13			1083.13		165287.55	case rate	
045	MS DRG						045	NEUROUS SYSTEM NEOPLASMS W/CC			3057.29	1706.65		HMOPPO	1706.65			1706.65		16378.38	case rate	
046	MS DRG						046	NEUROUS SYSTEM NEOPLASMS W/CC			2930.28	1388.37		HMOPPO	1388.37			1388.37		49486.13	case rate	
047	MS DRG						047	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/CC			4446.71	2597.23		HMOPPO	2597.23			2597.23		82870.37	case rate	
048	MS DRG						048	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/CC			2824.53	1570.29		HMOPPO	1570.29			1570.29		47165.56	case rate	
049	MS DRG						049	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/CC			14791.98	2160.28		HMOPPO	2160.28			2160.28		68608.72	case rate	
050	MS DRG						050	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/CC			2738.83	1442.58		HMOPPO	1442.58			1442.58		4280.4	case rate	
051	MS DRG						051	ISCHEMIC STROKE, PRECEREBRAL, OCCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/CC			2148.36	1506.46		HMOPPO	1506.46			1506.46		12481.13	case rate	
052	MS DRG						052	ISCHEMIC STROKE, PRECEREBRAL, OCCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/CC			4748.04	3193.16		HMOPPO	3193.16			3193.16		111801.87	case rate	
053	MS DRG						053	ISCHEMIC STROKE, PRECEREBRAL, OCCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/CC			3463.07	2105.14		HMOPPO	2105.14			2105.14		130341.7	case rate	
054	MS DRG						054	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/CC			2920.28	1602.82		HMOPPO	1602.82			1602.82		145756.96	case rate	
055	MS DRG						055	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/CC			3732.04	2446.48		HMOPPO	2446.48			2446.48		230956.98	case rate	
056	MS DRG						056	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/CC OR CPA 2NRH			2387.94	1201.13		HMOPPO	1201.13			1201.13		40228.72	case rate	
057	MS DRG						057	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/CC			10319.5	8129.7		HMOPPO	8129.7			8129.7		23521.29	case rate	
058	MS DRG						058	NONSPECIFIC CVA & PRECEREBRAL OCCCLUSION W/INFRACT W/CC			2994.68	1714.58		HMOPPO	1714.58			1714.58		58665.11	case rate	
059	MS DRG						059	NONSPECIFIC CVA & PRECEREBRAL OCCCLUSION W/INFRACT W/CC			2199.27	1041.85		HMOPPO	1041.85			1041.85		35056.59	case rate	
060	MS DRG						060	THROMBOCYTOSIS W/CC			2888.07	6402.4		HMOPPO	6402.4			6402.4		28651.88	case rate	
061	MS DRG						061	NONSPECIFIC CEREBROVASCULAR DISORDERS W/CC			3387.56	2053.87		HMOPPO	2053.87			2053.87		64178.22	case rate	
062	MS DRG						062	NONSPECIFIC CEREBROVASCULAR DISORDERS W/CC			2436.77	1248.16		HMOPPO	1248.16			1248.16		38453.1	case rate	
063	MS DRG						063	NONSPECIFIC CEREBROVASCULAR DISORDERS W/CC			2017.45	9861		HMOPPO	9861			9861		39443.19	case rate	
064	MS DRG						064	CRANIAL & PERIPHERAL NERVE DISORDERS W/CC			3121.79	1825.89		HMOPPO	1825.89			1825.89		55042.78	case rate	
065	MS DRG						065	CRANIAL & PERIPHERAL NERVE DISORDERS W/CC			2427.38	1231.23		HMOPPO	1231.23			1231.23		37888.92	case rate	
066	MS DRG						066	CRANIAL & PERIPHERAL NERVE DISORDERS W/CC			3291.78	1983.11		HMOPPO	1983.11			1983.11		5792.77	case rate	
067	MS DRG						067	VIRAL MENINGITIS W/CCMCC			2487.93	1032.98		HMOPPO	1032.98			1032.98		32172.97	case rate	
068	MS DRG						068	HYPERTENSIVE ENCEPHALOPATHY W/CC			3211.69	1826.15		HMOPPO	1826.15			1826.15		60326.86	case rate	
069	MS DRG						069	HYPERTENSIVE ENCEPHALOPATHY W/CC			2370.6	1178.72		HMOPPO	1178.72			1178.72		37941.69	case rate	
070	MS DRG						070	NONTRAUMATIC STUPOR & COMA W/CC			1896.44	781.45		HMOPPO	781.45			781.45		29118.73	case rate	
071	MS DRG						071	NONTRAUMATIC STUPOR & COMA W/CC			3702.16	2226.68		HMOPPO	2226.68			2226.68		7298.35	case rate	
072	MS DRG						072	NONTRAUMATIC STUPOR & COMA W/CC			2230.22	1067.05		HMOPPO	1067.05			1067.05		3335.38	case rate	
073	MS DRG						073	TRAUMATIC STUPOR & COMA +1 HR W/CC			4197.84	2742.59		HMOPPO	2742.59			2742.59		84200.51	case rate	
074	MS DRG						074	TRAUMATIC STUPOR & COMA +1 HR W/CC			2930.7	1642.274		HMOPPO	1642.274			1642.274		6551.07	case rate	
075	MS DRG						075	TRAUMATIC STUPOR & COMA +1 HR W/CC			2303.25	1129.99		HMOPPO	1129.99			1129.99		36015.16	case rate	
076	MS DRG						076	TRAUMATIC STUPOR & COMA +1 HR W/CC			4186.82	2679.4		HMOPPO	2679.4			2679.4		60326.26	case rate	
077	MS DRG						077	TRAUMATIC STUPOR & COMA +1 HR W/CC			2796.52	1549.99		HMOPPO	1549.99			1549.99		48406.78	case rate	
078	MS DRG						078	TRAUMATIC STUPOR & COMA +1 HR W/CC			2203.93	1041.38		HMOPPO	1041.38			1041.38		32972.62	case rate	
079	MS DRG						079	CONCUSSION W/CC			2932.02	1666.21		HMOPPO	1666.21			1666.21		6774.76	case rate	
080	MS DRG						080	CONCUSSION W/CC			3460.02	1983.13		HMOPPO	1983.13			1983.13		41838.97	case rate	
081	MS DRG						081	OTHER DISORDERS OF NERVOUS SYSTEM W/CC			2161.87	1018.02		HMOPPO	1018.02			1018.02		3946.15	case rate	
082	MS DRG						082	OTHER DISORDERS OF NERVOUS SYSTEM W/CC			3563.2	2151.22		HMOPPO	2151.22			2151.22		60879.28	case rate	
083	MS DRG						083	OTHER DISORDERS OF NERVOUS SYSTEM W/CC			2443.3	1258.46		HMOPPO	1258.46			1258.46		3076.3	case rate	
084	MS DRG						084	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/CC			2079.38	932.83		HMOPPO	932.83			932.83		28778.36	case rate	
085	MS DRG						085	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/CC			8305.01	4266.69		HMOPPO	4266.69			4266.69		143463.85	case rate	
086	MS DRG						086	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/CC			4309.07	2631.49		HMOPPO	2631.49			2631.49		9297.17	case rate	
087	MS DRG						087	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/CC			4306.07	2631.49		HMOPPO	2631.49			2631.49		62343.78	case rate	
088	MS DRG						088	NON-BACTERIAL INFECT OF NERVOUS SYSTEM W/CC			3945.27	4329.29		HMOPPO	4329.29			4329.29		13041.87	case rate	
089	MS DRG						089	NON-BACTERIAL INFECT OF NERVOUS SYSTEM W/CC			3846.35	2562.73		HMOPPO	2562.73			2562.73		72182.45	case rate	
090	MS DRG						090	NON-BACTERIAL INFECT OF NERVOUS SYSTEM W/CC			2000.89	1646.99		HMOPPO	1646.99			1646.99		49652.01	case rate	
091	MS DRG						091	SEIZURES W/CC			3726.08	2348.41		HMOPPO	2348.41			2348.41		7698.29	case rate	
092	MS DRG						092	SEIZURES W/CC			2254.46	1086.68		HMOPPO	1086.68			1086.68		33006.79	case rate	
093	MS DRG						093	HEADACHES W/CC			2960.4	1365.46		HMOPPO	1365.46			1365.46		41991.04	case rate	
094	MS DRG						094	HEADACHES W/CC			2153.46	1042.15		HMOPPO	1042.15			1042.15		34848.07	case rate	
095	MS DRG						095	ORBITAL PROCEDURES W/CCMCC			4078.45	2624.73		HMOPPO	2624.73			2624.73		89821.42	case rate	
096	MS DRG						096	ORBITAL PROCEDURES W/CCMCC			2616.83	1366.4		HMOP								





























code	code/line	last_updated_on	version	hospital_location	address	license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/encounter	cash_paye_name	plan_name	standard_charged/negotiated_dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_charginin	standard_charginmax	standard_charginmethodology	additional_generic_notes
949	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2474.66	Horizon	2474.66	Indemnity	4759.82			1274.63			4470.82 case rate	
950	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			1790	Horizon	1790	Indemnity	2956.51			692.73			2363.78 case rate	
951	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			1790	Horizon	1790	Indemnity	2956.51			692.73			2363.78 case rate	
952	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			10420.65	Horizon	10420.65	Indemnity	23782.78			8062.62			21781.16 case rate	
953	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			6278.51	Horizon	6278.51	Indemnity	11424.98			3646.47			14788.45 case rate	
954	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			11234.3	Horizon	11234.3	Indemnity	29634.69			8163.55			29634.69 case rate	
955	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			8674.91	Horizon	8674.91	Indemnity	18304.46			4852.58			16304.46 case rate	
956	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4642.0	Horizon	4642.0	Indemnity	9538.45			3128.45			9538.45 case rate	
957	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			11234.3	Horizon	11234.3	Indemnity	29634.69			8163.55			29634.69 case rate	
958	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			8674.91	Horizon	8674.91	Indemnity	18304.46			4852.58			16304.46 case rate	
959	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4642.0	Horizon	4642.0	Indemnity	9538.45			3128.45			9538.45 case rate	
960	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			11234.3	Horizon	11234.3	Indemnity	29634.69			8163.55			29634.69 case rate	
961	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			8674.91	Horizon	8674.91	Indemnity	18304.46			4852.58			16304.46 case rate	
962	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4642.0	Horizon	4642.0	Indemnity	9538.45			3128.45			9538.45 case rate	
963	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			11234.3	Horizon	11234.3	Indemnity	29634.69			8163.55			29634.69 case rate	
964	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			8674.91	Horizon	8674.91	Indemnity	18304.46			4852.58			16304.46 case rate	
965	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4642.0	Horizon	4642.0	Indemnity	9538.45			3128.45			9538.45 case rate	
966	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			9745.15	Horizon	9745.15	Indemnity	21388.49			7499.6			21388.49 case rate	
967	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4658.64	Horizon	4658.64	Indemnity	10879.81			3139.51			10879.81 case rate	
968	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			1979.79	Horizon	1979.79	Indemnity	3821.56			1024.06			1979.79 case rate	
969	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2440.36	Horizon	2440.36	Indemnity	5315.13			1678.89			2440.36 case rate	
970	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2981.29	Horizon	2981.29	Indemnity	6651.97			1884.95			2981.29 case rate	
971	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2981.29	Horizon	2981.29	Indemnity	6651.97			1884.95			2981.29 case rate	
972	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			7569.21	Horizon	7569.21	Indemnity	17040.09			4932.1			17040.09 case rate	
973	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4713.32	Horizon	4713.32	Indemnity	8606.27			2400.27			4713.32 case rate	
974	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3291.04	Horizon	3291.04	Indemnity	6123.88			1793.38			3291.04 case rate	
975	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3837.43	Horizon	3837.43	Indemnity	7298.74			2137.21			3837.43 case rate	
976	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3385.35	Horizon	3385.35	Indemnity	6503.73			2003.67			3385.35 case rate	
977	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2574.96	Horizon	2574.96	Indemnity	4954.58			1348.21			2574.96 case rate	
978	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			40816.63	Horizon	40816.63	Medicare Blue	34796.2			33710.64			100796.27 case rate	
979	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			1217.08	Horizon	1217.08	Medicare Blue	1218.66			52379.25			1217.08 case rate	
980	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			36824.15	Horizon	36824.15	Medicare Blue	26883.61			23139.77			171376.68 case rate	
981	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			20562.09	Horizon	20562.09	Medicare Blue	17883.69			16888.78			44528.73 case rate	
982	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			7690.08	Horizon	7690.08	Medicare Blue	17883.69			16888.78			29570.4 case rate	
983	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2940.36	Horizon	2940.36	Indemnity	6315.13			1678.89			2940.36 case rate	
984	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2981.29	Horizon	2981.29	Indemnity	6651.97			1884.95			2981.29 case rate	
985	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			7569.21	Horizon	7569.21	Indemnity	17040.09			4932.1			7569.21 case rate	
986	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4713.32	Horizon	4713.32	Indemnity	8606.27			2400.27			4713.32 case rate	
987	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3291.04	Horizon	3291.04	Indemnity	6123.88			1793.38			3291.04 case rate	
988	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3837.43	Horizon	3837.43	Indemnity	7298.74			2137.21			3837.43 case rate	
989	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3385.35	Horizon	3385.35	Indemnity	6503.73			2003.67			3385.35 case rate	
990	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2574.96	Horizon	2574.96	Indemnity	4954.58			1348.21			2574.96 case rate	
991	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			40816.63	Horizon	40816.63	Medicare Blue	34796.2			33710.64			100796.27 case rate	
992	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			1217.08	Horizon	1217.08	Medicare Blue	1218.66			52379.25			1217.08 case rate	
993	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			36824.15	Horizon	36824.15	Medicare Blue	26883.61			23139.77			171376.68 case rate	
994	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			20562.09	Horizon	20562.09	Medicare Blue	17883.69			16888.78			44528.73 case rate	
995	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			7690.08	Horizon	7690.08	Medicare Blue	17883.69			16888.78			29570.4 case rate	
996	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2940.36	Horizon	2940.36	Indemnity	6315.13			1678.89			2940.36 case rate	
997	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2981.29	Horizon	2981.29	Indemnity	6651.97			1884.95			2981.29 case rate	
998	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			7569.21	Horizon	7569.21	Indemnity	17040.09			4932.1			7569.21 case rate	
999	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			4713.32	Horizon	4713.32	Indemnity	8606.27			2400.27			4713.32 case rate	
1000	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3291.04	Horizon	3291.04	Indemnity	6123.88			1793.38			3291.04 case rate	
1001	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3837.43	Horizon	3837.43	Indemnity	7298.74			2137.21			3837.43 case rate	
1002	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			3385.35	Horizon	3385.35	Indemnity	6503.73			2003.67			3385.35 case rate	
1003	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			2574.96	Horizon	2574.96	Indemnity	4954.58			1348.21			2574.96 case rate	
1004	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			40816.63	Horizon	40816.63	Medicare Blue	34796.2			33710.64			100796.27 case rate	
1005	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			1217.08	Horizon	1217.08	Medicare Blue	1218.66			52379.25			1217.08 case rate	
1006	MS-DRG	2025-09-17	2.0.0	University Hospital	Hospice	310179	trns			36824.15	Horizon	36824.15	Medicare Blue	26883.61							











code	description	last_updated	on_version	hospital_location	address_license_num	to the best of	the hospital has	included	applicable	standard	charge	information	in	accordance	with	the	requirements	of	45	CFR	180.50,	and	the	information	encoded	is	true,	accurate,	and	complete	as	of	the	date	indicated					
code	description	2025-06-17	2.0.0	University Hospital	University Hospital	150	Bergen St	07003	tna	unit	measure	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate			
code	description	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate	unit	rate			
136	SNUS & STANDARD PROCEDURES W/O CC/MCC	unit	2542.75	unit	2542.75	unit	2542.75	unit	2542.75	unit	2542.75	1154.03	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39	unit	47296.39		
137	MOUTH PROCEDURES W/O CC/MCC	unit	2914.36	unit	2914.36	unit	2914.36	unit	2914.36	unit	2914.36	1059.79	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54	unit	5376.54		
138	MOUTH PROCEDURES W/ CC/MCC	unit	2196.79	unit	2196.79	unit	2196.79	unit	2196.79	unit	2196.79	1420.07	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72	unit	5266.72		
139	SAUVARY GLAND PROCEDURES	unit	2890.53	unit	2890.53	unit	2890.53	unit	2890.53	unit	2890.53	1954.34	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72	unit	4263.72		
140	EAR, NOSE, MOUTH & THROAT MALGNANCY W MCC	unit	4159.09	unit	4159.09	unit	4159.09	unit	4159.09	unit	4159.09	2706.27	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30	unit	7511.30		
141	EAR, NOSE, MOUTH & THROAT MALGNANCY W CC	unit	2702.66	unit	2702.66	unit	2702.66	unit	2702.66	unit	2702.66	2183.43	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26	unit	4872.26		
142	EAR, NOSE, MOUTH & THROAT MALGNANCY W/O CC/MCC	unit	2039.02	unit	2039.02	unit	2039.02	unit	2039.02	unit	2039.02	1220.37	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27	unit	2823.27		
143	DYSGLUCURUM	unit	2503.03	unit	2503.03	unit	2503.03	unit	2503.03	unit	2503.03	1683.15	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88
144	EPITAXIS W MCC	unit	2622.04	unit	2622.04	unit	2622.04	unit	2622.04	unit	2622.04	1632.85	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79	unit	5171.79		
145	EPITAXIS W/O MCC	unit	2026.56	unit	2026.56	unit	2026.56	unit	2026.56	unit	2026.56	1186.07	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88
146	OTITIS MEDIA & UR W MCC	unit	2503.03	unit	2503.03	unit	2503.03	unit	2503.03	unit	2503.03	1683.15	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88	unit	4733.88
147	OTITIS MEDIA & UR W/O MCC	unit	1945.83	unit	1945.83	unit	1945.83	unit	1945.83	unit	1945.83	1200.95	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88
148	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	unit	3220.3	unit	3220.3	unit	3220.3	unit	3220.3	unit	3220.3	2437.99	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63	unit	6424.63
149	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	unit	2271.91	unit	2271.91	unit	2271.91	unit	2271.91	unit	2271.91	1827.44	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88
150	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	unit	1945.83	unit	1945.83	unit	1945.83	unit	1945.83	unit	1945.83	1200.95	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88
151	DENTAL & ORAL DISEASES W MCC	unit	3275.53	unit	3275.53	unit	3275.53	unit	3275.53	unit	3275.53	2620.78	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07	unit	7842.07
152	DENTAL & ORAL DISEASES W CC	unit	2291.42	unit	2291.42	unit	2291.42	unit	2291.42	unit	2291.42	1820.46	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88
153	DENTAL & ORAL DISEASES W/O CC/MCC	unit	1921.72	unit	1921.72	unit	1921.72	unit	1921.72	unit	1921.72	1147.82	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88	unit	3454.88
154	MAJOR CHEST PROCEDURES W MCC	unit	7465.65	unit	7465.65	unit	7465.65	unit	7465.65	unit	7465.65	6259.4	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1	unit	19187.1
155	MAJOR CHEST PROCEDURES W CC	unit	4465.51	unit	4465.51	unit	4465.51	unit	4465.51	unit	4465.51	4331.65	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08	unit	10202.08
156	MAJOR CHEST PROCEDURES W/O CC/MCC	unit	3561.85	unit	3561.85	unit	3561.85	unit	3561.85	unit	3561.85	3121.46	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57	unit	7226.57
157	OTHER RESP SYSTEM D/O.R. PROCEDURES W MCC	unit	6345.21	unit	6345.21	unit	6345.21	unit	6345.21	unit	6345.21	5897.26	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49	unit	15644.49
158	OTHER RESP SYSTEM D/O.R. PROCEDURES W CC	unit	3510.84	unit	3510.84	unit	3510.84	unit	3510.84	unit	3510.84	3193.54	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68	unit	7410.68
159	OTHER RESP SYSTEM D/O.R. PROCEDURES W/O CC/MCC	unit	2844.8	unit	2844.8	unit	2844.8	unit	2844.8	unit	2844.8	2261.38	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79	unit	5231.79
160	PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	unit	2492.81	unit	2492.81	unit	2492.81	unit	2492.81	unit	2492.81	1662.61	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35	unit	3714.35
161	PULMONARY EMBOLISM W/O MCC	unit	2106.65	unit	2106.65	unit	2106.65	unit	2106.65	unit	2106.65	1517.14	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29	unit	3507.29
162	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	unit	32184.72	unit	32184.72	unit	32184.72	unit	32184.72	unit	32184.72	3106.89	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09	unit	7894.09
163	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	unit	2044.72	unit	2044.72</																																			

code	code/line	2025-07-01	20.0	31019 true	last_updated_on_version	hospital_location_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated
University Hospital	code/line	2025-07-01	20.0	31019 true	last_updated_on_version	hospital_location_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated
code/line	code/line	2025-07-01	20.0	31019 true	last_updated_on_version	hospital_location_address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated
322	MS-DRG	5763.65	19	MGD	5720.65		
323	MS-DRG	3623.35	19	MGD	3520.37		
324	MS-DRG	3270.88	19	MGD	3220.23		
325	MS-DRG	6000.35	19	MGD	6485.32		
326	MS-DRG	3952.32	19	MGD	3494.67		
327	MS-DRG	3105.26	19	MGD	2703.64		
344	MS-DRG	4715.68	19	MGD	5036.19		
345	MS-DRG	2843.15	19	MGD	2782.94		
346	MS-DRG	2709.59	19	MGD	2049.08		
347	MS-DRG	2728.92	19	MGD	4095.15		
348	MS-DRG	2220.89	19	MGD	2084		
349	MS-DRG	2198.97	19	MGD	1601.94		
350	MS-DRG	4330.96	19	MGD	4747.69		
351	MS-DRG	3363.14	19	MGD	2527.69		
352	MS-DRG	2501.75	19	MGD	1782.01		
353	MS-DRG	5040.32	19	MGD	5005.07		
354	MS-DRG	3307.04	19	MGD	2916.66		
355	MS-DRG	2857.9	19	MGD	2284.93		
356	MS-DRG	6862.7	19	MGD	6783.3		
357	MS-DRG	4999.28	19	MGD	3624.76		
358	MS-DRG	2661.44	19	MGD	2272.34		
359	MS-DRG	3252.99	19	MGD	3175.84		
369	MS-DRG	2383.64	19	MGD	1864.37		
370	MS-DRG	1943.95	19	MGD	1252.04		
371	MS-DRG	2007.08	19	MGD	2336.17		
372	MS-DRG	2405.81	19	MGD	1757.42		
373	MS-DRG	1963.72	19	MGD	1273.14		
374	MS-DRG	3483.84	19	MGD	3483.84		
375	MS-DRG	2889.52	19	MGD	2034.98		
376	MS-DRG	2291.07	19	MGD	154.87		
377	MS-DRG	3489.06	19	MGD	2479.77		
378	MS-DRG	2344.28	19	MGD	1686.46		
379	MS-DRG	1864.32	19	MGD	1102.95		
380	MS-DRG	3440.62	19	MGD	3209.96		
381	MS-DRG	2457.64	19	MGD	1946.71		
382	MS-DRG	2916.97	19	MGD	2285.11		
383	MS-DRG	2701.65	19	MGD	2277.86		
384	MS-DRG	2182.35	19	MGD	1440.36		
385	MS-DRG	3288.59	19	MGD	2869.59		
386	MS-DRG	2352.76	19	MGD	1652.49		
387	MS-DRG	1907.02	19	MGD	1176.98		
388	MS-DRG	3182.58	19	MGD	1738.75		
389	MS-DRG	2088.86	19	MGD	1421.35		
390	MS-DRG	1783.84	19	MGD	996.26		
391	MS-DRG	2928.21	19	MGD	15717.45		
392	MS-DRG	2056.64	19	MGD	1276.04		
393	MS-DRG	3737.16	19	MGD	2753.64		
394	MS-DRG	2264.96	19	MGD	1548.96		
395	MS-DRG	1860.17	19	MGD	1145.79		
405	MS-DRG	8822.02	19	MGD	8081.63		
406	MS-DRG	4874.74	19	MGD	4773.64		
407	MS-DRG	3932.03	19	MGD	3384.65		
408	MS-DRG	4826.02	19	MGD	4826.02		
409	MS-DRG	3887.33	19	MGD	3190.72		
410	MS-DRG	3178.02	19	MGD	2786.84		
411	MS-DRG	4747.69	19	MGD	4747.69		
412	MS-DRG	3032.82	19	MGD	4018.83		
413	MS-DRG	3282.04	19	MGD	2843.33		
414	MS-DRG	4923.68	19	MGD	6131.59		
415	MS-DRG	3718.29	19	MGD	3409.97		
416	MS-DRG	2877.72	19	MGD	2347.67		
417	MS-DRG	4718.16	19	MGD	4088.92		
418	MS-DRG	3765.21	19	MGD	2858.41		
419	MS-DRG	2891.68	19	MGD	2198.81		
420	MS-DRG	2088.86	19	MGD	1498.74		
421	MS-DRG	3146.92	19	MGD	2996.63		
422	MS-DRG	3016.65	19	MGD	2416.81		
423	MS-DRG	6915.24	19	MGD	6659.56		
424	MS-DRG	4142.84	19	MGD	3694.95		
425	MS-DRG	4128.58	19	MGD	3670.29		
426	MS-DRG	3652.95	19	MGD	3076.36		
433	MS-DRG	2467.14	19	MGD	1730.39		
434	MS-DRG	1428.75	19	MGD	1097.55		
435	MS-DRG	3508.78	19	MGD	2823.22		
436	MS-DRG	2549.64	19	MGD	1915.27		
437	MS-DRG	1824.55	19	MGD	1214.47		
438	MS-DRG	3288.67	19	MGD	2780.05		
439	MS-DRG	2107.06	19	MGD	1426.38		
440	MS-DRG	2189.95	19	MGD	1525.12		
441	MS-DRG	3590.76	19	MGD	3132.39		
442	MS-DRG	2171.23	19	MGD	1582.86		
443	MS-DRG	1915.09	19	MGD	1171.19		
444	MS-DRG	3135.57	19	MGD	1985.32		
445	MS-DRG	2483.99	19	MGD	1789.84		
446	MS-DRG	2003.26	19	MGD	1340.77		
447	MS-DRG	12959.66	19	MGD	16111.73		
448	MS-DRG	94862.24	19	MGD	108283.45		
449	MS-DRG	7913.76	19	MGD	84300		
458	MS-DRG	12783.72	19	MGD	15386.87		
457	MS-DRG	9168.38	19	MGD	10314.166		
458	MS-DRG	6902.59	19	MGD	8634.43		
459	MS-DRG	10794.07	19	MGD	10794.73		
460	MS-DRG	6405.02	19	MGD	4205.26		
461	MS-DRG	5281.8	19	MGD	7571.95		
462	MS-DRG	4972.2	19	MGD	5382.23		
463	MS-DRG	5642.8	19	MGD	5845.83		
464	MS-DRG	5687.54	19	MGD	4963.84		
465	MS-DRG	3384.14	19	MGD	3079.95		
466	MS-DRG	8031.38	19	MGD	8062.65		
467	MS-DRG	5728.37	19	MGD	5851.04		
468	MS-DRG	4618.84	19	MGD	3763.83		
469	MS-DRG	5508.16	19	MGD	5317.01		
470	MS-DRG	3971.84	19	MGD	3548.03		
471	MS-DRG	7742.35	19	MGD	8448.4		
472	MS-DRG	4935.13	19	MGD	4983.05		
473	MS-DRG	4292.04	19	MGD	4007.09		
474	MS-DRG	7180.07	19	MGD	6368.36		
475	MS-DRG	3680.02	19	MGD	3629.77		
476	MS-DRG	2590.29	19	MGD	1940.8		
477	MS-DRG	4121.88	19	MGD	3412.42		
478	MS-DRG	4218.96	19	MGD	3847.31		
479	MS-DRG	3426.29	19	MGD	3034.26		
480	MS-DRG	4529.65	19	MGD	4109.24		
481	MS-DRG	3857.95	19	MGD	3470.38		
482	MS-DRG	4507.65	19	MGD	3983.63		
483	MS-DRG	4507.65	19	MGD	4016.61		
485	MS-DRG	5439.47	19	MGD	5071.13		
486	MS-DRG	3913.59	19	MGD	3485.02		
487	MS-DRG	31681.35	19	MGD	27822.37		
488	MS-DRG	3702.27	19	MGD	3561.75		
489	MS-DRG	4618.84	19	MGD	4480.4		
492	MS-DRG	5899.65	19	MGD	5743.83		
493	MS-DRG	4307.74	19	MGD	3786.25		
494	MS-DRG	3652.14	19	MGD	2467.95		
495	MS-DRG	5875.53	19	MGD	5837.38		
496	MS-DRG	3712.5	19	MGD	3306.77		
497	MS-DRG	3652.14	19	MGD	2419.4		
498	MS-DRG	4477.5	19	MGD	3847.08		
499	MS-DRG	2500.77	19	MGD	1880.71		
500	MS-DRG	5386.15	19	MGD	5726.48		
501	MS-DRG	3453.74	19	MGD	2843.96		
502	MS-DRG	2914.95	19	MGD	2187.95		
503	MS-DRG	4641.78	19	MGD	4198.69		
504	MS-DRG	3410.4	19	MGD	2919.37		
505	MS-DRG	3410.4	19	MGD	2863.43		
506	MS-DRG	3052.29	19	MGD	2377.66		
507	MS-DRG	3664.37	19	MGD	3270.55		
508	MS-DRG	2683.93	19	MGD	2445.16		
509	MS-DRG	3412.66	19	MGD	2911.26		
510	MS-DRG	4939.3	19	MGD	4064.26		
511	MS-DRG	3652.14	19	MGD	3411.44		
512	MS-DRG	3003.89	19	MGD	2562.61		
513	MS-DRG	3947.38	19	MGD	2743.66		
514	MS-DRG	3947.38	19	MGD	1659.63		
515	MS-DRG	5260.62	19	MGD	5182.52		
516	MS-DRG	3781.99	19	MGD	3248.23		
517	MS-DRG	3048.65	19	MGD	2281.97		
518	MS-DRG	9454.28	19	MGD	8289.37		
519	MS-DRG	115581.39	19	MGD	102929.5		
520	MS-DRG	2510.32	19	MGD	2016.02		
521	MS-DRG	19546.89	19	MGD	16945.99		
522	MS-DRG	18446.43	19	MGD	15945.09		
523	MS-DRG	24947.67	19	MGD	20945.84		

code	description	last_updated	on_version	hospital_location	address_license_num	to the best of our knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_charge	standard_charge	cash	payer_name	plan_name	standard_charged	negotiated_dollar	negotiated_percentage	negotiated_algorithm	estimated_amount	standard_charginin	standard_chargines	standard_charginemobility	additional_generic_nuts
519	BACK & NECK PROC EXC SPINAL FUSION W CC	2025-09-17	2.0.0	University Hospital	University Hospital	391019 true			3180.32					3180.32				2291.14		7283.03	case rate	
520	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC								2864.93					2864.93				1692.27		5120.1	case rate	
521	FRACURES OF FEMUR W MCC								3991.48					3991.48				2560.43		8700.7	case rate	
524	FRACURES OF FEMUR W MCC								2108.17					2108.17				150.93		3709.3	case rate	
525	FRACURES OF HIP & PELVIS W MCC								2821.82					2821.82				215.653		4894.28	case rate	
526	FRACURES OF HIP & PELVIS W MCC								2108.16					2108.16				1278.02		2628.3	case rate	
527	SPRAINS, STRAINS & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC								2297.04					2297.04				1530.03		1854.79	case rate	
528	SPRAINS, STRAINS & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC								1928.68					1928.68				1227.72		793.44	case rate	
529	OSTEOEYELITIS W MCC								3781.29					3781.29				3404.71		2387.62	case rate	
540	OSTEOEYELITIS W CC								2775.97					2775.97				1868.33		1526.29	case rate	
541	OSTEOEYELITIS W/O CC/MCC								2180.61					2180.61				1428.32		1773	case rate	
542	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIG W MCC								3583.0					3583.0				3077.56		8903	case rate	
543	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIG W CC								2443.79					2443.79				1890.35		1485.01	case rate	
544	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIG W/O CC/MCC								2182.01					2182.01				1851.102		892.97	case rate	
545	CONNECTIVE TISSUE DISORDERS W MCC								4827.73					4827.73				4177.63		2948.53	case rate	
546	CONNECTIVE TISSUE DISORDERS W CC								2652.45					2652.45				2042.79		1304.2	case rate	
547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC								2182.01					2182.01				1439.14		843.176	case rate	
548	SEPTIC ARTHRITIS W MCC								3772.19					3772.19				3482.99		2376.49	case rate	
548	SEPTIC ARTHRITIS W CC								3642.42					3642.42				2097.71		1424.30	case rate	
550	SEPTIC ARTHRITIS W/O CC/MCC								2178.4					2178.4				1527.27		918.71	case rate	
551	MEDICAL BACK PROBLEMS W MCC								3340.5					3340.5				2864.38		9165	case rate	
552	MEDICAL BACK PROBLEMS W CC								2127.97					2127.97				1815.906		1136.8	case rate	
553	BONE DISEASES & ARTHROPATHIES W MCC								2788.9					2788.9				2086.94		1542.85	case rate	
554	BONE DISEASES & ARTHROPATHIES W CC								2147.24					2147.24				1271.33		997.89	case rate	
555	SIGNS & SYMPTOMS OF MUSCULOSKELETA SYSTEM & CONN TISSUE W MCC								2842.62					2842.62				2197.71		1656.26	case rate	
556	SIGNS & SYMPTOMS OF MUSCULOSKELETA SYSTEM & CONN TISSUE W/O MCC								2106.37					2106.37				1294.42		964.11	case rate	
557	TENDONITIS, MYOSITIS & BURSTIS W MCC								3128.61					3128.61				2416.26		1830.31	case rate	
558	TENDONITIS, MYOSITIS & BURSTIS W CC								1928.68					1928.68				1526.79		1020.79	case rate	
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC								3558.13					3558.13				3036.08		2192.72	case rate	
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC								2592.11					2592.11				1722.86		1348.78	case rate	
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC								2181.82					2181.82				1821.85		921	case rate	
562	FX, SPINAL, STRN & DISL, EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC								3006.87					3006.87				2390.57		1297	case rate	
563	FX, SPINAL, STRN & DISL, EXCEPT FEMUR, HIP, PELVIS & THIGH W CC								2218.76					2218.76				1410.37		1027.14	case rate	
564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC								3181.89					3181.89				2607.29		1844.44	case rate	
565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC								2392.75					2392.75				1641.99		1204.21	case rate	
566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC								1826.2					1826.2				1382.6		836.2	case rate	
570	SKIN DERBIDEMENT W MCC								6191.32					6191.32				5195.04		3556.6	case rate	
571	SKIN DERBIDEMENT W CC								3266.59					3266.59				2871.89		6078	case rate	
572	SKIN DERBIDEMENT W/O CC/MCC								2561.28					2561.28				1917.12		1401.1	case rate	
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC								9512.88					9512.88				8640.29		6061	case rate	
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC								5780.52					5780.52				5138.87		1881.42	case rate	
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC								3244.09					3244.09				2660		6897.7	case rate	
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC								8459.1					8459.1				8228.6		6726.69	case rate	
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC								4688.32					4688.32				4236.11		3147.72	case rate	
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC								3288.73					3288.73				2578.74		1698.16	case rate	
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC								5495.26					5495.26				4170.91		3488.47	case rate	
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC								3453.58					3453.58				2684.03		2091.82	case rate	
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC								2075.07					2075.07				1646.7		1086.7	case rate	
582	MASTECTOMY FOR MALIGNANCY W CC/MCC								3421.43					3421.43				2461.77		1081	case rate	
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC								3521.61					3521.61				2324.77		1408	case rate	
584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W MCC								3118.8					3118.8				2161.91		7497.7	case rate	
585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC								3720.31					3720.31				2637		2347.05	case rate	
586	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC								3628.15					3628.15				2420.025		1837.54	case rate	
593	SKIN ULCERS W CC								2672.36					2672.36				1904.68		1441.95	case rate	
594	SKIN ULCERS W/O CC/MCC								2142.67					2142.67				1369.97		1160.47	case rate	
595	MAJOR SKIN DISORDERS W MCC								3065.13					3065.13				2492.55		1793.07	case rate	
596	MAJOR SKIN DISORDERS W CC								2473.76					2473.76				1703.89		1276.43	case rate	
597	MALIGNANT BREAST DISORDERS W MCC								3412.68					3412.68				2899.2		2074.9	case rate	
598	MALIGNANT BREAST DISORDERS W CC								2482.4					2482.4				1926.36		1433.74	case rate	
599	MALIGNANT BREAST DISORDERS W/O CC/MCC								2162.8					2162.8				1278.5		1007.67	case rate	
600	NON-MALIGNANT BREAST DISORDERS W MCC								2303.18					2303.18				1611.16		1158.9	case rate	
601	NON-MALIGNANT BREAST DISORDERS W CC								1828.73					1828.73				1370.91		701.61	case rate	
602	CELLULITIS W MCC								3142.88					3142.88				2434.84		1733.49	case rate	
603	CELLULITIS W CC								2197.58					2197.58				1426.22		1040.59	case rate	
604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC								3037.17					3037.17				2387.25		1754.38	case rate	
605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W CC								2258.18					2258.18				1458.03		1091.3	case rate	
606	MINOR SKIN DISORDERS W MCC								3088.54					3088.54				2608.29		1586.07	case rate	
607	MINOR SKIN DISORDERS W CC								2175.7					2175.7				1354.46		1027.52	case rate	
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	</																				





















hospital_location,address,license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
code1	code1type	2025-09-17	21.0	310179 true	code2	code2type	description	unit	rate	rate	rate	rate	rate	rate
code1	code1type	2025-09-17	21.0	310179 true	code2	code2type	description	unit	rate	rate	rate	rate	rate	rate
MINOR BLADDER PROCEDURES W MCC	MS DRG				5307.62 UHC	Medicare			4610.28				3647.22	123991.55 case rate
MINOR BLADDER PROCEDURES W CC	MS DRG				3946.53 UHC	Medicare			2917.64				1804.92	63861.16 case rate
MINOR BLADDER PROCEDURES W OCMCC	MS DRG				3454.74 UHC	Medicare			2154.84				1274.08	46261.6 case rate
PROSTATECTOMY W MCC	MS DRG				5789.7 UHC	Medicare			4986.69				4558.04	123996.45 case rate
PROSTATECTOMY W CC	MS DRG				3261.26 UHC	Medicare			2362.71				1942.71	69391.25 case rate
PROSTATECTOMY W OCMCC	MS DRG				2402.02 UHC	Medicare			2081.32				1219.88	42141.16 case rate
TRANSURETHRAL PROCEDURES W MCC	MS DRG				5199.86 UHC	Medicare			4362.25				3444.94	109789.1 case rate
TRANSURETHRAL PROCEDURES W CC	MS DRG				3128.12 UHC	Medicare			2135.33				1673.33	61728.58 case rate
TRANSURETHRAL PROCEDURES W OCMCC	MS DRG				2302.57 UHC	Medicare			2022.35				1128.27	37853.24 case rate
URETHRAL PROCEDURES W MCC	MS DRG				3360.28 UHC	Medicare			2927.85				2039.52	66966.28 case rate
URETHRAL PROCEDURES W CC	MS DRG				2488.1 UHC	Medicare			1768.4				1282.53	41228.5 case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	MS DRG				6747.95 UHC	Medicare			5998.22				4948.54	139358.24 case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	MS DRG				4174.29 UHC	Medicare			3635.47				2726.71	90188.08 case rate
OTHER KIDNEY & URINARY TRACT PROCEDURES W OCMCC	MS DRG				3142.63 UHC	Medicare			2739.42				1948.57	61388.08 case rate
RENAL FAILURE W MCC	MS DRG				30296.1 UHC	Medicare			26625.31				17739.72	69758.72 case rate
RENAL FAILURE W CC	MS DRG				22098.85 UHC	Medicare			1921.78				1049.26	32841.43 case rate
RENAL FAILURE W OCMCC	MS DRG				19199.22 UHC	Medicare			15924.54				7114.32	24176.54 case rate
KIDNEY & URINARY TRACT NEOPLASMS W MCC	MS DRG				3915.62 UHC	Medicare			3120.97				2227.98	66998.42 case rate
KIDNEY & URINARY TRACT NEOPLASMS W CC	MS DRG				2437.13 UHC	Medicare			2119.42				1242.99	41101.68 case rate
KIDNEY & URINARY TRACT NEOPLASMS W OCMCC	MS DRG				1981.76 UHC	Medicare			1722.25				822.3	26662.84 case rate
KIDNEY & URINARY TRACT INFECTIONS W MCC	MS DRG				2600.08 UHC	Medicare			2266.77				1832.02	43366.18 case rate
KIDNEY & URINARY TRACT INFECTIONS W CC	MS DRG				2092.72 UHC	Medicare			1817.15				1479.93	32071.45 case rate
URINARY STONES W MCC	MS DRG				30159.51 UHC	Medicare			2622.66				1787.66	51629.67 case rate
URINARY STONES W CC	MS DRG				2069.88 UHC	Medicare			1792.64				9229.52	27386.81 case rate
URINARY STONES W OCMCC	MS DRG				2541.03 UHC	Medicare			2028.55				1322.03	44827.24 case rate
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	MS DRG				19368.02 UHC	Medicare			16841.75				8171.21	28862.22 case rate
URETHRAL STRUCTURE	MS DRG				2268.71 UHC	Medicare			2028.44				1149.25	37446.72 case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	MS DRG				3307.08 UHC	Medicare			2976.66				2026.98	63000.21 case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	MS DRG				2391.52 UHC	Medicare			2076.11				1204.57	40095.3 case rate
OTHER KIDNEY & URINARY TRACT DIAGNOSES W OCMCC	MS DRG				1940.29 UHC	Medicare			1693.69				819.96	29632.62 case rate
MAJOR MALE PELVIC PROCEDURES W MCC	MS DRG				3629.54 UHC	Medicare			2927.44				2297.44	69971.14 case rate
MAJOR MALE PELVIC PROCEDURES W CC	MS DRG				3032.71 UHC	Medicare			2837.49				1750.58	54883.35 case rate
PENIS PROCEDURES W MCC	MS DRG				4058.68 UHC	Medicare			3598.66				2951.87	79504.42 case rate
PENIS PROCEDURES W CC	MS DRG				3098.17 UHC	Medicare			2659.29				1713.32	49122.19 case rate
TESTES PROCEDURES W MCC	MS DRG				3621.15 UHC	Medicare			3148.91				2531.66	81271.08 case rate
TESTES PROCEDURES W CC	MS DRG				2288.19 UHC	Medicare			1918.51				1486.19	42022.74 case rate
TRANSURETHRAL PROSTATECTOMY W MCC	MS DRG				2863.32 UHC	Medicare			2593.58				1707.95	57062.84 case rate
TRANSURETHRAL PROSTATECTOMY W CC	MS DRG				2283.94 UHC	Medicare			1952.51				1109.29	35515.87 case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC. FOR MALIGNANCY W MCC	MS DRG				41979.8 UHC	Medicare			36221.165				36201.796	86201.77 case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC. FOR MALIGNANCY W CC	MS DRG				2461.26 UHC	Medicare			2056.79				1674.09	57097.24 case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC. EXC MALIGNANCY W MCC	MS DRG				3549.04 UHC	Medicare			3068.69				2198.28	76231.38 case rate
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC. EXC MALIGNANCY W CC	MS DRG				2848.87 UHC	Medicare			2359.19				1650.61	44980.03 case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	MS DRG				3374.32 UHC	Medicare			2934.17				2042.94	64739.92 case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	MS DRG				2534.12 UHC	Medicare			2207.49				1326.16	42966.21 case rate
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W OCMCC	MS DRG				1829.83 UHC	Medicare			1642.113				779.98	29983.62 case rate
BENIGN PROSTATIC HYPERTROPHY W MCC	MS DRG				2729.37 UHC	Medicare			2371.91				1491.23	4789.2 case rate
BENIGN PROSTATIC HYPERTROPHY W CC	MS DRG				2007.08 UHC	Medicare			1745.7				879.2	29603.85 case rate
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	MS DRG				3044.66 UHC	Medicare			2635.81				1736.86	56926.07 case rate
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W CC	MS DRG				2114.69 UHC	Medicare			1831.9				961.19	30871.14 case rate
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W MCC	MS DRG				2508.19 UHC	Medicare			2172.24				1300.3	42265.57 case rate
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC	MS DRG				1919.29 UHC	Medicare			1688.82				718.81	2171.58 case rate
PELVIC DIVERSION, RAD HYSTERECTOMY & RAD VALVECTOMY W MCC	MS DRG				3924.65 UHC	Medicare			3384.52				2487.26	69944.24 case rate
PELVIC DIVERSION, RAD HYSTERECTOMY & RAD VALVECTOMY W CC	MS DRG				2654.09 UHC	Medicare			2345.25				1438	53264.56 case rate
UTERINE & ADENEXA PROC FOR OVARIAN OR ADENEXAL MALIGNANCY W MCC	MS DRG				6455.2 UHC	Medicare			5591.04				4659.04	15721.61 case rate
UTERINE & ADENEXA PROC FOR OVARIAN OR ADENEXAL MALIGNANCY W CC	MS DRG				3747.65 UHC	Medicare			3298.26				2494.14	79294.82 case rate
UTERINE & ADENEXA PROC FOR OVARIAN OR ADENEXAL MALIGNANCY W OCMCC	MS DRG				2684 UHC	Medicare			2306.09				1429	44291.69 case rate
UTERINE, ADENEXA PROC FOR NON-OVARIAN/ADENEXAL MALIG W MCC	MS DRG				6492.34 UHC	Medicare			5645.91				4720.48	140335.48 case rate
UTERINE, ADENEXA PROC FOR NON-OVARIAN/ADENEXAL MALIG W CC	MS DRG				3491.44 UHC	Medicare			3044.85				2149.89	67963.3 case rate
UTERINE, ADENEXA PROC FOR NON-OVARIAN/ADENEXAL MALIG W OCMCC	MS DRG				2178.62 UHC	Medicare			1959				1022.43	36201.49 case rate
UTERINE & ADENEXA PROC FOR NON-MALIGNANCY W MCC	MS DRG				3509.87 UHC	Medicare			3051.89				2156.1	66958 case rate
UTERINE & ADENEXA PROC FOR NON-MALIGNANCY W CC	MS DRG				2630.71 UHC	Medicare			2295.05				1416.87	43512.41 case rate
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W MCC	MS DRG				2388.44 UHC	Medicare			2025.14				1297.71	39933.53 case rate
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC	MS DRG				1938.44 UHC	Medicare			1685.16				1210.45	41714.09 case rate
VAGINA, CERVIX & VULVA PROCEDURES W MCC	MS DRG				3298.74 UHC	Medicare			2898.73				1979.57	65442.04 case rate
VAGINA, CERVIX & VULVA PROCEDURES W CC	MS DRG				2094.66 UHC	Medicare			1792.36				1279.51	37376.51 case rate
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	MS DRG				2891.23 UHC	Medicare			2492.81				1600.83	50475.06 case rate
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROC. FOR MALIGNANCY W MCC	MS DRG				4597.98 UHC	Medicare			3925.22				3027.23	91468.21 case rate
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROC. FOR MALIGNANCY W CC	MS DRG				2762.21 UHC	Medicare			2446.4				15239.96	47476.87 case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	MS DRG				3486.7 UHC	Medicare			3031.18				2130.58	71827.49 case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	MS DRG				2594.71 UHC	Medicare			2188.22				1511.97	41733.59 case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W OCMCC	MS DRG				23016 UHC	Medicare			20013.91				11280	34428.96 case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	MS DRG				2936.81 UHC	Medicare			2551.58				1678.84	66206.19 case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	MS DRG				2197.21 UHC	Medicare			2038.88				1299.24	39862.72 case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W OCMCC	MS DRG				1862.06 UHC	Medicare			1627.45				759.37	27722.27 case rate
NEUTRAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W MCC	MS DRG				2340.12 UHC	Medicare			2036.71				1161.43	34022.4 case rate
NEUTRAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC	MS DRG				1925.02 UHC	Medicare			1625.14				747.32	21438.45 case rate
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL & O.R. PROCEDURE	MS DRG				2378.94 UHC	Medicare			2081.25				9023	44132.52 case rate
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	MS DRG				2885.27 UHC	Medicare			2507.54				1626.19	56988.31 case rate
ABORTION W O.R. PROC, ASPIRATION, CURETTAGE OR HYSTEROTOMY	MS DRG				1968.78 UHC	Medicare			1710.23				847.52	25706.61 case rate
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	MS DRG				2276.03 UHC	Medicare			1975.46				1100.41	28422.98 case rate
ABORTION W O.R. PROC, EXCEPT STERILIZATION W MCC	MS DRG				3631.13 UHC	Medicare			3076.49				2496.87	86986.72 case rate
CESAREAN SECTION W STERILIZATION W MCC	MS DRG				4790.1 UHC	Medicare			4156.61				3487	42988.61 case rate
CESAREAN SECTION W STERILIZATION W CC	MS DRG				2188.14 UHC	Medicare			1901.65				1047	32984.42 case rate
CESAREAN SECTION W STERILIZATION W OCMCC	MS DRG				3217.15 UHC	Medicare			2797.27				1847	60648.08 case rate
CESAREAN SECTION W STERILIZATION W CC	MS DRG				2448.26 UHC	Medicare			2100.1				847	42176.47 case rate
CESAREAN SECTION W STERILIZATION W OCMCC	MS DRG			</										





code	description	last_updated	on_version	hospital_location	hospital_address_line_num10	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	unit_of_measurement	charge_type_of_measurement	standard_charge/status	standard_charge/indicated_cash	payer_name	plan_name	standard_charged/indicated_dollar	standard_charged/indicated_percentage	standard_charged/indicated_algorithm	estimated_amount	standard_charge/min	standard_charges/min	standard_charges/min	standard_charges/min	additional_general_notes	
code	description	2025-04-17	2.0.0	University Hill	190 Bergen St	310119 true	code	code														
267	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATON BALLOON W/ MCC	MS-DRG	inpatient	7647.39	United	Commercia	7360.03						4914.19								16194.16 case rate	For One Day Stay, Rate = \$6,649.00
268	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/ MCC	MS-DRG	inpatient	8752.39	United	Commercia	9778.36						8068.63								19141.73 case rate	For One Day Stay, Rate = \$6,649.00
269	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/ CC	MS-DRG	inpatient	8752.39	United	Commercia	6192.82						4208.1								19326.66 case rate	For One Day Stay, Rate = \$6,649.00
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/ CC	MS-DRG	inpatient	4460.38	United	Commercia	4471.32						2554.79								102124.23 case rate	For One Day Stay, Rate = \$6,649.00
271	PERICARDIOTOMY	MS-DRG	inpatient	4059.84	United	Commercia	4059.84						4059.84								102437.07 case rate	For One Day Stay, Rate = \$6,649.00
272	PERICARDIOTOMY	MS-DRG	inpatient	5307.02	United	Commercia	5077.51						3685.75								116174.55 case rate	For One Day Stay, Rate = \$6,649.00
273	PERICARDIOTOMY	MS-DRG	inpatient	5307.02	United	Commercia	5077.51						5077.51								116174.55 case rate	For One Day Stay, Rate = \$6,649.00
274	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	MS-DRG	inpatient	12630.42	United	Commercia	12630.42						8347.21								103301.42 case rate	For One Day Stay, Rate = \$6,649.00
275	CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	MS-DRG	inpatient	12630.42	United	Commercia	12630.42						7318.26								110788.32 case rate	For One Day Stay, Rate = \$6,649.00
276	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	MS-DRG	inpatient	7425.48	United	Commercia	8133.76						8133.76								85138.76 case rate	For One Day Stay, Rate = \$6,649.00
277	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	MS-DRG	inpatient	79126.53	United	Commercia	8414.98						5906.58								89418.98 case rate	For One Day Stay, Rate = \$6,649.00
278	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	MS-DRG	inpatient	79126.53	United	Commercia	8414.98						5906.58								89418.98 case rate	For One Day Stay, Rate = \$6,649.00
279	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/ MCC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/ CC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/ CC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/ CC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/ MCC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/ CC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/ CC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
286	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/ CC	MS-DRG	inpatient	32529.59	United	Commercia	29336.1						19387.43								6486.5 case rate	For One Day Stay, Rate = \$6,649.00
287	CIRCULATORY DISORDERS EXCEPT ALV. W/ CARD CATH W/ MCC	MS-DRG	inpatient	2482.36	United	Commercia	2482.36						2482.36								1945.72 case rate	For One Day Stay, Rate = \$6,649.00
288	CIRCULATORY DISORDERS EXCEPT ALV. W/ CARD CATH W/ CC	MS-DRG	inpatient	2482.36	United	Commercia	2482.36						2482.36								1945.72 case rate	For One Day Stay, Rate = \$6,649.00
289	ACUTE & SUBACUTE ENDOCARDITIS W/ MCC	MS-DRG	inpatient	2162.84	United	Commercia	2162.84						2162.84								1945.72 case rate	For One Day Stay, Rate = \$6,649.00
290	ACUTE & SUBACUTE ENDOCARDITIS W/ CC	MS-DRG	inpatient	2162.84	United	Commercia	2162.84						2162.84								1945.72 case rate	For One Day Stay, Rate = \$6,649.00
291	HEART FAILURE & SHOCK W/ MCC	MS-DRG	inpatient	2784.27	United	Commercia	2319.39						1541.67								5248.02 case rate	For One Day Stay, Rate = \$6,649.00
292	HEART FAILURE & SHOCK W/ CC	MS-DRG	inpatient	2784.27	United	Commercia	2319.39						1541.67								5248.02 case rate	For One Day Stay, Rate = \$6,649.00
293	HEART FAILURE & SHOCK W/ CC	MS-DRG	inpatient	2784.27	United	Commercia	2319.39						1541.67								5248.02 case rate	For One Day Stay, Rate = \$6,649.00
294	HEART FAILURE & SHOCK W/ CC	MS-DRG	inpatient	2784.27	United	Commercia	2319.39						1541.67								5248.02 case rate	For One Day Stay, Rate = \$6,649.00
295	DEEP VEIN THROMBOPHLEBITIS W/ MCC	MS-DRG	inpatient	20783.81	United	Commercia	14115.31						9284.92								21584.56 case rate	For One Day Stay, Rate = \$6,649.00
296	DEEP VEIN THROMBOPHLEBITIS W/ CC	MS-DRG	inpatient	20783.81	United	Commercia	14115.31						9284.92								21584.56 case rate	For One Day Stay, Rate = \$6,649.00
297	CARDIAC ARREST, UNEXPLAINED W/ CC	MS-DRG	inpatient	15942.85	United	Commercia	12899.04						8320.03								25448.17 case rate	For One Day Stay, Rate = \$6,649.00
298	CARDIAC ARREST, UNEXPLAINED W/ MCC	MS-DRG	inpatient	15942.85	United	Commercia	12899.04						8320.03								25448.17 case rate	For One Day Stay, Rate = \$6,649.00
299	PERIPHERAL VASCULAR DISORDERS W/ MCC	MS-DRG	inpatient	15942.85	United	Commercia	12899.04						8320.03								25448.17 case rate	For One Day Stay, Rate = \$6,649.00
300	PERIPHERAL VASCULAR DISORDERS W/ CC	MS-DRG	inpatient	15942.85	United	Commercia	12899.04						8320.03								25448.17 case rate	For One Day Stay, Rate = \$6,649.00
301	PERIPHERAL VASCULAR DISORDERS W/ CC	MS-DRG	inpatient	15942.85	United	Commercia	12899.04						8320.03								25448.17 case rate	For One Day Stay, Rate = \$6,649.00
302	ATHEROSCLEROSIS W/ MCC	MS-DRG	inpatient	1909.13	United	Commercia	1207.13						842.34								2626.89 case rate	For One Day Stay, Rate = \$6,649.00
303	ATHEROSCLEROSIS W/ CC	MS-DRG	inpatient	1909.13	United	Commercia	1207.13						842.34								2626.89 case rate	For One Day Stay, Rate = \$6,649.00
304	HYPERTENSION W/ MCC	MS-DRG	inpatient	2062.46	United	Commercia	2062.46						2062.46								1742.07 case rate	For One Day Stay, Rate = \$6,649.00
305	HYPERTENSION W/ CC	MS-DRG	inpatient	2062.46	United	Commercia	2062.46						2062.46								1742.07 case rate	For One Day Stay, Rate = \$6,649.00
306	CARDIAC CONDUCTIVE & VALVULAR DISORDERS W/ MCC	MS-DRG	inpatient	3053.73	United	Commercia	2671.53						1788.57								5493.06 case rate	For One Day Stay, Rate = \$6,649.00
307	CARDIAC CONDUCTIVE & VALVULAR DISORDERS W/ CC	MS-DRG	inpatient	3053.73	United	Commercia	2671.53						1788.57								5493.06 case rate	For One Day Stay, Rate = \$6,649.00
308	CARDIAC ARHYTHMIA & CONDUCTION DISORDERS W/ MCC	MS-DRG	inpatient	2463.51	United	Commercia	2151.84						1424.51								4948.83 case rate	For One Day Stay, Rate = \$6,649.00
309	CARDIAC ARHYTHMIA & CONDUCTION DISORDERS W/ CC	MS-DRG	inpatient	2463.51	United	Commercia	2151.84						1424.51								4948.83 case rate	For One Day Stay, Rate = \$6,649.00
310	CARDIAC ARHYTHMIA & CONDUCTION DISORDERS W/ CC	MS-DRG	inpatient	2463.51	United	Commercia	2151.84						1424.51								4948.83 case rate	For One Day Stay, Rate = \$6,649.00
311	ANGINA PECTORIS	MS-DRG	inpatient	1948.11	United	Commercia	1248.02						824.88								2880.61 case rate	For One Day Stay, Rate = \$6,649.00
312	SYNDROME & COLLAPSE	MS-DRG	inpatient	2185.91	United	Commercia	1557.87						1029.38								3124.11 case rate	For One Day Stay, Rate = \$6,649.00
313	CHEST PAIN	MS-DRG	inpatient	1987.4	United	Commercia	1428.34						948.34								2789.65 case rate	For One Day Stay, Rate = \$6,649.00
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W/ MCC	MS-DRG	inpatient	3827.38	United	Commercia	3847.35						2438.11								7891.06 case rate	For One Day Stay, Rate = \$6,649.00
315	OTHER CIRCULATORY SYSTEM DIAGNOSES W/ CC	MS-DRG	inpatient	3827.38	United	Commercia	3847.35						2438.11								7891.06 case rate	For One Day Stay, Rate = \$6,649.00
316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/ CC	MS-DRG	inpatient	3827.38	United	Commercia	3847.35						2438.11								7891.06 case rate	For One Day Stay, Rate = \$6,649.00
317	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/ MCC	MS-DRG	inpatient	7684.32	United	Commercia	7684.32						1585.65								7808.12 case rate	For One Day Stay, Rate = \$6,649.00
318	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/ CC	MS-DRG	inpatient	7684.32	United	Commercia	7684.32						1585.65								7808.12 case rate	For One Day Stay, Rate = \$6,649.00
319	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR A	MS-DRG	inpatient	4162.38	United	Commercia	4162.38						4162.38								3268.07 case rate	For One Day Stay, Rate = \$6,649.00
320	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	MS-DRG	inpatient	4162.38	United	Commercia	4162.38						4162.38								3268.07 case rate	For One Day Stay, Rate = \$6,649.00
321	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	MS-DRG	inpatient	4162.38	United	Commercia	4162.38						4162.38								3268.07 case rate	For One Day Stay, Rate = \$6,649.00
322	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	MS-DRG	inpatient	4162.38	United	Commercia	4162.38						4162.38								3268.07 case rate	For One Day Stay, Rate = \$6,649.00
323	CORONARY INTRAVASCULAR LITHOTROPY WITH INTRALUMINAL DEVICE WITH MCC	MS-DRG	inpatient	5404.06	United	Commercia	5712.83						3739.99								57102.83 case rate	For One Day Stay, Rate = \$6,649.00
324	CORONARY INTRAVASCULAR LITHOTROPY WITH INTRALUMINAL DEVICE WITHOUT MCC	MS-DRG	inpatient	5404.06	United	Commercia</																

hospital_name	hospital_location	hospital_address_line_num10	best_of_knowledge_and_belief	hospital_has_included_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50,	and_the_information_encoded_is_true,	accurate,	and_complete_as_of_the_data_entry_date
University Hospital	University Housr 150	Begem St	31019	true	no	no	no
code/line	code/type	2025-07-01	21.0	unit	rate	rate	rate
DISORDERS OF THE BLIARY TRACT W/O CC/MCC		446	MS-DRG	inpatient	2830.26 United	Commercia	1429.35
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC		453	MS-DRG	inpatient	12522.66 United	Commercia	18331.94
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC		454	MS-DRG	inpatient	8452.24 United	Commercia	10370.51
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC		455	MS-DRG	inpatient	7931.78 United	Commercia	8231.28
SPINAL FUS EXC CERV W SPINAL CURV/MALINGNEFC OR EXT FUS W MCC		456	MS-DRG	inpatient	12743.72 United	Commercia	14539.14
SPINAL FUS EXC CERV W SPINAL CURV/MALINGNEFC OR EXT FUS W CC		457	MS-DRG	inpatient	8923.38 United	Commercia	10274.56
SPINAL FUS EXC CERV W SPINAL CURV/MALINGNEFC OR EXT FUS W/O CC/MCC		458	MS-DRG	inpatient	6927.59 United	Commercia	5100.14
SPINAL FUS EXCEPT CERVICAL W MCC		459	MS-DRG	inpatient	10182.07 United	Commercia	11822.27
SPINAL FUS EXCEPT CERVICAL W/O MCC		460	MS-DRG	inpatient	6047.52 United	Commercia	4325.38
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC		461	MS-DRG	inpatient	9203.23 United	Commercia	10707.58
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC		462	MS-DRG	inpatient	4937.22 United	Commercia	3151.83
WNO DERIBD & SKN GFT EXC HAND, FOR MUSCULO-COHN TISS DIS W MCC		463	MS-DRG	inpatient	8438.11 United	Commercia	9620.67
WNO DERIBD & SKN GFT EXC HAND, FOR MUSCULO-COHN TISS DIS W/O MCC		464	MS-DRG	inpatient	5067.54 United	Commercia	3207.38
WNO DERIBD & SKN GFT EXC HAND, FOR MUSCULO-COHN TISS DIS W/O CC/MCC		465	MS-DRG	inpatient	3382.29 United	Commercia	2127.78
REVISION OF HIP OR KNEE REPLACEMENT W MCC		466	MS-DRG	inpatient	8031.38 United	Commercia	9105.69
REVISION OF HIP OR KNEE REPLACEMENT W/O MCC		467	MS-DRG	inpatient	5728.27 United	Commercia	4242.82
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC		468	MS-DRG	inpatient	4029.84 United	Commercia	2658.16
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP		469	MS-DRG	inpatient	5504.16 United	Commercia	5848.21
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC		470	MS-DRG	inpatient	3921.24 United	Commercia	3809.67
CERVICAL SPINAL FUSION W MCC		471	MS-DRG	inpatient	7712.35 United	Commercia	8262
CERVICAL SPINAL FUSION W CC		472	MS-DRG	inpatient	4295.13 United	Commercia	4173.70
CERVICAL SPINAL FUSION W/O CC/MCC		473	MS-DRG	inpatient	4523.17 United	Commercia	4122.07
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISS DIS W MCC		474	MS-DRG	inpatient	7192.07 United	Commercia	8010.56
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISS DIS W CC		475	MS-DRG	inpatient	3960.02 United	Commercia	3526.27
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISS DIS W/O CC/MCC		476	MS-DRG	inpatient	2950.29 United	Commercia	1377.98
BIPSES OF MUSCULOSKELETAL SYSTEM A CONNECTIVE TISSUE W MCC		477	MS-DRG	inpatient	5744.54 United	Commercia	6148.81
BIPSES OF MUSCULOSKELETAL SYSTEM A CONNECTIVE TISSUE W CC		478	MS-DRG	inpatient	4212.86 United	Commercia	4175.46
BIPSES OF MUSCULOSKELETAL SYSTEM A CONNECTIVE TISSUE W/O CC/MCC		479	MS-DRG	inpatient	2950.29 United	Commercia	1173.71
HP A FEUR PROCEDURES EXCEPT MAJOR JOINT W MCC		480	MS-DRG	inpatient	5042.42 United	Commercia	5291.55
HP A FEUR PROCEDURES EXCEPT MAJOR JOINT W CC		481	MS-DRG	inpatient	3527.95 United	Commercia	3706.61
HP A FEUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC		482	MS-DRG	inpatient	3175.28 United	Commercia	2192.74
MAJOR JOINT/IML REATTACHMENT PROCEDURE OF UPPER EXTREMITIES		483	MS-DRG	inpatient	4507.95 United	Commercia	4554.43
KNEE PROCEDURES W PDX OF INFECTION W MCC		485	MS-DRG	inpatient	5439.47 United	Commercia	5755.33
KNEE PROCEDURES W PDX OF INFECTION W CC		486	MS-DRG	inpatient	3915.52 United	Commercia	3202.15
KNEE PROCEDURES W PDX OF INFECTION W/O MCC		487	MS-DRG	inpatient	3181.35 United	Commercia	2841.33
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC		488	MS-DRG	inpatient	3702.27 United	Commercia	2241.56
KNEE PROCEDURES W/O PDX OF INFECTION W MCC		489	MS-DRG	inpatient	2663.98 United	Commercia	1427.39
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEUR W MCC		492	MS-DRG	inpatient	5899.65 United	Commercia	6347.05
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEUR W CC		493	MS-DRG	inpatient	4292.07 United	Commercia	3347.05
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEUR W/O CC/MCC		494	MS-DRG	inpatient	3591.46 United	Commercia	3265.87
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEUR W MCC		495	MS-DRG	inpatient	5857.53 United	Commercia	6200.16
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEUR W CC		496	MS-DRG	inpatient	4235.46 United	Commercia	3242.46
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEUR W/O CC/MCC		497	MS-DRG	inpatient	2388.18 United	Commercia	1588.15
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEUR W MCC		498	MS-DRG	inpatient	4477.75 United	Commercia	4515.21
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEUR W CC		499	MS-DRG	inpatient	2920.07 United	Commercia	1928.97
SOFT TISSUE PROCEDURES W MCC		500	MS-DRG	inpatient	5388.15 United	Commercia	5603.01
SOFT TISSUE PROCEDURES W CC		501	MS-DRG	inpatient	3451.74 United	Commercia	3188.16
SOFT TISSUE PROCEDURES W/O CC/MCC		502	MS-DRG	inpatient	2945.48 United	Commercia	1939.78
FOOT PROCEDURES W MCC		503	MS-DRG	inpatient	4641.78 United	Commercia	4730.04
FOOT PROCEDURES W CC		504	MS-DRG	inpatient	3410.11 United	Commercia	3136.56
FOOT PROCEDURES W/O CC/MCC		505	MS-DRG	inpatient	3410.11 United	Commercia	3136.56
MAJOR THUMB OR JOINT PROCEDURES		506	MS-DRG	inpatient	3547.29 United	Commercia	2679.92
MAJOR THUMB OR ELBOW JOINT PROCEDURES W MCC		507	MS-DRG	inpatient	4489.51 United	Commercia	4983.05
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC		508	MS-DRG	inpatient	2698.03 United	Commercia	2128.09
ARTHRISCOPY		509	MS-DRG	inpatient	3412.66 United	Commercia	3136.74
SHOULDER, ELBOW OR FOREARM PROC. EXC MAJOR JOINT PROC W MCC		510	MS-DRG	inpatient	4082.19 United	Commercia	4375.96
SHOULDER, ELBOW OR FOREARM PROC. EXC MAJOR JOINT PROC W CC		511	MS-DRG	inpatient	3602.05 United	Commercia	3005.57
SHOULDER, ELBOW OR FOREARM PROC. EXC MAJOR JOINT PROC W/O CC/MCC		512	MS-DRG	inpatient	3206.89 United	Commercia	2877.34
HAND OR WRIST PROC. EXCEPT MAJOR JOINT PROC W MCC		513	MS-DRG	inpatient	3968.08 United	Commercia	4176.43
HAND OR WRIST PROC. EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC		514	MS-DRG	inpatient	2391.38 United	Commercia	1822.29
OTHER MUSCULOSKELETAL SYS & CONN TISS D OR PROC W MCC		515	MS-DRG	inpatient	5266.62 United	Commercia	5506.37
OTHER MUSCULOSKELETAL SYS & CONN TISS D OR PROC W CC		516	MS-DRG	inpatient	3785.19 United	Commercia	3269.51
OTHER MUSCULOSKELETAL SYS & CONN TISS D OR PROC W/O CC/MCC		517	MS-DRG	inpatient	3408.59 United	Commercia	2697.53
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVDENROSTIM		518	MS-DRG	inpatient	9542.26 United	Commercia	6405.25
BACK & NECK PROC EXC SPINAL FUSION W CC		519	MS-DRG	inpatient	5111.36 United	Commercia	3791.41
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC		520	MS-DRG	inpatient	2964.91 United	Commercia	2564.15
HP REDUCTION WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC		521	MS-DRG	inpatient	5017.08 United	Commercia	5208.12
HP REDUCTION WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC		522	MS-DRG	inpatient	3695.11 United	Commercia	3757.56
FRACTURES OF FEUR W MCC		533	MS-DRG	inpatient	3091.48 United	Commercia	2725.01
FRACTURES OF FEUR W/O CC/MCC		534	MS-DRG	inpatient	2181.72 United	Commercia	1454.81
FRACTURES OF HIP & PELVIS W MCC		535	MS-DRG	inpatient	2821.16 United	Commercia	2297.97
FRACTURES OF HIP & PELVIS W/O MCC		536	MS-DRG	inpatient	2194.78 United	Commercia	1448.2
SPRAINS, STRAINS & DISLOCATIONS OF HIP, PELVIS & THIGH W MCC		537	MS-DRG	inpatient	2925.74 United	Commercia	3542.37
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC		538	MS-DRG	inpatient	1906.66 United	Commercia	1201.05
OSTEOMYELITIS W MCC		539	MS-DRG	inpatient	3781.29 United	Commercia	3614.33
OSTEOMYELITIS W CC		540	MS-DRG	inpatient	2774.97 United	Commercia	1928.16
OSTEOMYELITIS W/O CC/MCC		541	MS-DRG	inpatient	2193.81 United	Commercia	1568.21
PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIG W MCC		542	MS-DRG	inpatient	3630.11 United	Commercia	3333.07
PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIG W CC		543	MS-DRG	inpatient	2193.81 United	Commercia	1568.21
PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIG W/O CC/MCC		544	MS-DRG	inpatient	2023.88 United	Commercia	1350.87
CONNECTIVE TISSUE DISORDERS W MCC		545	MS-DRG	inpatient	4862.73 United	Commercia	4960.76
CONNECTIVE TISSUE DISORDERS W CC		546	MS-DRG	inpatient	2862.45 United	Commercia	2092.41
CONNECTIVE TISSUE DISORDERS W/O CC/MCC		547	MS-DRG	inpatient	2122.21 United	Commercia	1336.69
SEPTIC ARTHRITIS W MCC		548	MS-DRG	inpatient	3702.43 United	Commercia	3275.49
SEPTIC ARTHRITIS W CC		549	MS-DRG	inpatient	2642.42 United	Commercia	2157.55
SEPTIC ARTHRITIS W/O CC/MCC		550	MS-DRG	inpatient	2178.4 United	Commercia	1547.45
MEDICAL BACK PROBLEMS W MCC		551	MS-DRG	inpatient	3435.3 United	Commercia	3696.78
MEDICAL BACK PROBLEMS W CC		552	MS-DRG	inpatient	2137.97 United	Commercia	1725.03
BONE DISEASES & ARTHROPATHIES W MCC		553	MS-DRG	inpatient	2789.9 United	Commercia	2236.83
BONE DISEASES & ARTHROPATHIES W CC		554	MS-DRG	inpatient	2142.24 United	Commercia	1615.97
SGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISS W MCC		555	MS-DRG	inpatient	2843.82 United	Commercia	2406.44
SGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISS W/O CC/MCC		556	MS-DRG	inpatient	2196.37 United	Commercia	1492.49
TENDONITIS, MYOSITIS & BURSTS W MCC		557	MS-DRG	inpatient	3126.24 United	Commercia	3436.24
TENDONITIS, MYOSITIS & BURSTS W/O MCC		558	MS-DRG	inpatient	2171.96 United	Commercia	1547.83
AFTERCARE, MUSCULOSKELETAL SYSTEM A CONNECTIVE TISSUE W MCC		559	MS-DRG	inpatient	3598.13 United	Commercia	3317.79
AFTERCARE, MUSCULOSKELETAL SYSTEM A CONNECTIVE TISSUE W CC		560	MS-DRG	inpatient	2111.62 United	Commercia	1439.86
AFTERCARE, MUSCULOSKELETAL SYSTEM A CONNECTIVE TISSUE W/O CC/MCC		561	MS-DRG	inpatient	1111.62 United	Commercia	1412.15
FX, SPIN, STRN & DISL, EXCEPT FEUR, HIP, PELVIS & THIGH W MCC		562	MS-DRG	inpatient	3068.87 United	Commercia	2616.67
FX, SPIN, STRN & DISL, EXCEPT FEUR, HIP, PELVIS & THIGH W CC		563	MS-DRG	inpatient	2291.78 United	Commercia	1927.99
OTHER MUSCULOSKELETAL SYS A CONNECTIVE TISSUE DIAGNOSES W MCC		564	MS-DRG	inpatient	3152.89 United	Commercia	2804.74
OTHER MUSCULOSKELETAL SYS A CONNECTIVE TISSUE DIAGNOSES W CC		565	MS-DRG	inpatient	2978.75 United	Commercia	1822.08
OTHER MUSCULOSKELETAL SYS A CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC		566	MS-DRG	inpatient	2048.34 United	Commercia	1337.04
SKN DERIBMENT W MCC		570	MS-DRG	inpatient	5191.32 United	Commercia	5739.29
SKN DERIBMENT W CC		571	MS-DRG	inpatient	3268.59 United	Commercia	2319.29
SKN DERIBMENT W/O CC/MCC		572	MS-DRG	inpatient	2671.39 United	Commercia	2048.97
SKN GRAFT FOR SKN ULCER OR CELLULITIS W MCC		573	MS-DRG	inpatient	9512.98 United	Commercia	11009.35
SKN GRAFT FOR SKN ULCER OR CELLULITIS W CC		574	MS-DRG	inpatient	4793.92 United	Commercia	3192.49
SKN GRAFT FOR SKN ULCER OR CELLULITIS W/O CC/MCC		575	MS-DRG	inpatient	3743.49 United	Commercia	3668.02
SKN GRAFT EXC FOR SKN ULCER OR CELLULITIS W MCC		576	MS-DRG	inpatient	4458.91 United	Commercia	4964.28
SKN GRAFT EXC FOR SKN ULCER OR CELLULITIS W CC		577	MS-DRG	inpatient	6699.92 United	Commercia	7519.66
SKN GRAFT EXC FOR SKN ULCER OR CELLULITIS W/O CC/MCC		578	MS-DRG	inpatient	3226.73 United	Commercia	3021.63
OTHER SKN, SUBCUT TISS & BREAST PROC W MCC		579	MS-DRG	inpatient	5485.26 United	Commercia	5868.47
OTHER SKN, SUBCUT TISS & BREAST PROC W CC		580	MS-DRG	inpatient	3433.38 United	Commercia	3187.08
OTHER SKN, SUBCUT TISS & BREAST PROC W/O CC/MCC		581	MS-DRG	inpatient	2927.07 United	Commercia	2571.38
MASTECTOMY FOR MALIGNANCY W MCC		582	MS-DRG	inpatient	3485.43 United	Commercia	3128.45
MASTECTOMY FOR MALIGNANCY W CC		583	MS-DRG	inpatient	3257.61 United	Commercia	2958.33
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W MCC		584	MS-DRG	inpatient	3818.18 United	Commercia	3659.13
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC		585	MS-DRG	inpatient	3725.31 United	Commercia	3445.71
SKN ULCERS W MCC		592	MS-DRG	inpatient	3820.15 United	Commercia	3670.19
SKN ULCERS W CC		593	MS-DRG	inpatient	2672.36 United	Commercia	2182.29
SKN ULCERS W/O CC/MCC		594	MS-DRG	inpatient	2154.97 United	Commercia	1202.47
MAJOR SKN DISORDERS W MCC		595	MS-DRG	inpatient	3905.13 United	Commercia	3781.07
MAJOR SKN DISORDERS W CC		596	MS-DRG	inpatient	3470.76 United	Commercia	1931.42













hospital_name	hospital_location	hospital_address_line_num10	best_of_knowledge_and_belief	hospital_included	applicable_standard_charge_information	in accordance with the requirements of 45 CFR 180.50,	and the information encoded is true,	accurate,	and complete as of the date indicated
university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital	university_hospital
codeid	codeidtype	2025-09-17	21.0	3/19/19	true				
codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype	codeid	codeidtype
other_o_r_proc_of_the_blood_and_blood_forming_organism_wcc	mcc	4263.82							
OTHER O.R. PROC. OF THE BLOOD & BLOOD FORMING ORGANS W/CC	MCC	4263.82							
OTHER O.R. PROC. OF THE BLOOD & BLOOD FORMING ORGANS W/CC	MCC	3443.03	United	Ontario	13028.74				
OTHER O.R. PROC. OF THE BLOOD & BLOOD FORMING ORGANS W/CC	MCC	2510.34	United	Ontario	1922.93				
VAGINAL DELIVERY W/O STERILIZATION W/CC	MCC	2811.99	United	Ontario	9023				
VAGINAL DELIVERY W/O STERILIZATION W/CC	MCC	1988.17	United	Ontario	9023				
VAGINAL DELIVERY W/O STERILIZATION W/CC	MCC	1817.64	United	Ontario	9023				
MAJOR HEMATOLOGICAL DIAG EXC: SICKLE CELL CRISIS & COAGUL W/CC	MCC	4152.42	United	Ontario	3902.8				
MAJOR HEMATOLOGICAL DIAG EXC: SICKLE CELL CRISIS & COAGUL W/CC	MCC	2864.35	United	Ontario	1458.07				
MAJOR HEMATOLOGICAL DIAG EXC: SICKLE CELL CRISIS & COAGUL W/CC	MCC	2297.65	United	Ontario	1652.73				
RED BLOOD CELL DISORDERS W/CC	MCC	2927.39	United	Ontario	2450.49				
RED BLOOD CELL DISORDERS W/CC	MCC	2257.109	United	Ontario	1038.82				
COAGULATION DISORDERS	MCC	3123.05	United	Ontario	2696.28				
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/CC	MCC	3874.17	United	Ontario	3645.69				
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/CC	MCC	2942.86	United	Ontario	1711.67				
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/CC	MCC	1918.95	United	Ontario	1485.32				
OTHER ANTERIUM DIAGNOSES W/O R. PROCEDURE W/CC	MCC	4072.42	United	Ontario	3810.79				
OTHER ANTERIUM DIAGNOSES W/O R. PROCEDURE W/CC	MCC	2942.79	United	Ontario	1168.32				
OTHER ANTERIUM DIAGNOSES W/O R. PROCEDURE W/CC	MCC	1940.71	United	Ontario	1174.25				
LYMPHOMA & LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	MCC	4072.77	United	Ontario	10150.16				
LYMPHOMA & LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	MCC	3920.12	United	Ontario	3617.43				
LYMPHOMA & LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	MCC	2561.41	United	Ontario	1993.12				
LYMPHOMA & LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	MCC	1463.83	United	Ontario	1021.72				
LYMPHOMA & NON-ACUTE LEUKEMIA IN OTHER PROC W/CC	MCC	4208.34	United	Ontario	3842.14				
LYMPHOMA & NON-ACUTE LEUKEMIA IN OTHER PROC W/CC	MCC	2838.62	United	Ontario	2146.54				
MYELOPROLIF DISOR OR POORLY DFNF NEPL W/ MAJ O.R. PROC W/CC	MCC	1798.69	United	Ontario	822.29				
MYELOPROLIF DISOR OR POORLY DFNF NEPL W/ MAJ O.R. PROC W/CC	MCC	1448.08	United	Ontario	1140.14				
MYELOPROLIF DISOR OR POORLY DFNF NEPL W/ MAJ O.R. PROC W/CC	MCC	3198.97	United	Ontario	2794.36				
MYELOPROLIF DISOR OR POORLY DFNF NEPL W/ MAJ O.R. PROC W/CC	MCC	3000.01	United	Ontario	2545.78				
OTHER ANTERIUM DIAGNOSES W/O R. PROCEDURE W/CC	MCC	2572.58	United	Ontario	2006.38				
OTHER ANTERIUM DIAGNOSES W/O R. PROCEDURE W/CC	MCC	1928.84	United	Ontario	1627.42				
OTHER ANTERIUM DIAGNOSES W/O R. PROCEDURE W/CC	MCC	1688.08	United	Ontario	901.67				
ACUTE LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	MCC	3838.83	United	Ontario	3622.42				
ACUTE LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	MCC	3232.42	United	Ontario	3724.14				
ACUTE LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	MCC	2699.1	United	Ontario	2168.78				
CHEMO W/ACUTE LEUKEMIA AS SOX OR W/ HIGH DOSE CHEMO AGENT W/CC	MCC	7919.38	United	Ontario	6726.25				
CHEMO W/ACUTE LEUKEMIA AS SOX OR W/ HIGH DOSE CHEMO AGENT W/CC	MCC	3789.68	United	Ontario	3632.61				
CHEMO W/ACUTE LEUKEMIA AS SOX OR W/ HIGH DOSE CHEMO AGENT W/CC	MCC	2873.73	United	Ontario	2380.15				
LYMPHOMA & NON-ACUTE LEUKEMIA W/CC	MCC	4329.84	United	Ontario	3766.64				
LYMPHOMA & NON-ACUTE LEUKEMIA W/CC	MCC	3152.26	United	Ontario	2734.94				
LYMPHOMA & NON-ACUTE LEUKEMIA W/CC	MCC	2439.05	United	Ontario	1832.77				
OTHER MYELOPROLIF DISOR OR POORLY DFNF NEPL DIAG W/CC	MCC	3629.95	United	Ontario	2236.75				
OTHER MYELOPROLIF DISOR OR POORLY DFNF NEPL DIAG W/CC	MCC	2636.42	United	Ontario	2083.92				
OTHER MYELOPROLIF DISOR OR POORLY DFNF NEPL DIAG W/CC	MCC	2137.73	United	Ontario	1459.83				
CHEMOTHERAPY W/ACUTE LEUKEMIA AS SECONDARY DIAGNOSES W/CC	MCC	4128.04	United	Ontario	3620.4				
CHEMOTHERAPY W/ACUTE LEUKEMIA AS SECONDARY DIAGNOSES W/CC	MCC	3738.64	United	Ontario	2125.11				
CHEMOTHERAPY W/ACUTE LEUKEMIA AS SECONDARY DIAGNOSES W/CC	MCC	2159.64	United	Ontario	1627.58				
RADIOTHERAPY	MCC	4681.18	United	Ontario	4626.59				
INFECTIOUS & PARASITIC DISEASES W/O R. PROCEDURE W/CC	MCC	7908.21	United	Ontario	6187.68				
INFECTIOUS & PARASITIC DISEASES W/O R. PROCEDURE W/CC	MCC	3742.49	United	Ontario	3482.88				
INFECTIOUS & PARASITIC DISEASES W/O R. PROCEDURE W/CC	MCC	3219.16	United	Ontario	2633.89				
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W/O R. PROC W/CC	MCC	7231.91	United	Ontario	7662.02				
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W/O R. PROC W/CC	MCC	3979.1	United	Ontario	3678.76				
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W/O R. PROC W/CC	MCC	2768.97	United	Ontario	2240.68				
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W/O R. PROC W/CC	MCC	3264.19	United	Ontario	3004.08				
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W/O R. PROC W/CC	MCC	2983.32	United	Ontario	1183.26				
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W/O R. PROC W/CC	MCC	2225.97	United	Ontario	1564.83				
VIRAL ILLNESS W/CC	MCC	2983.89	United	Ontario	2526.87				
VIRAL ILLNESS W/CC	MCC	2294.02	United	Ontario	1463.42				
OTHER INFECTIOUS & PARASITIC DISEASES W/CC	MCC	3849.84	United	Ontario	3738.18				
OTHER INFECTIOUS & PARASITIC DISEASES W/CC	MCC	2434.1	United	Ontario	1930.39				
OTHER INFECTIOUS & PARASITIC DISEASES W/CC	MCC	1817.57	United	Ontario	1426.79				
SEPTICEMIA OR SEVERE SEPSIS W/ M<96 HOURS	MCC	1817.57	United	Ontario	12127.68				
SEPTICEMIA OR SEVERE SEPSIS W/ M<96 HOURS	MCC	3679.43	United	Ontario	3426.29				
SEPTICEMIA OR SEVERE SEPSIS W/ M<96 HOURS	MCC	2492.17	United	Ontario	1717.68				
O.R. PROCEDURE IN PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	MCC	6434.32	United	Ontario	6854.72				
ACUTE ADJUSTMENT REACTION WITH PSYCHOSOCIAL DYSFUNCTION	MCC	2363.63	United	Ontario	1671.127				
DEPRESSIVE NEUROSES	MCC	2245.12	United	Ontario	1593.51				
NEUROSES EXCEPT DEPRESSIVE	MCC	2311.02	United	Ontario	1677.05				
NEUROSES EXCEPT DEPRESSIVE	MCC	2641.88	United	Ontario	2000				
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	MCC	3268.76	United	Ontario	2911.66				
PSYCHOSIS	MCC	2938.81	United	Ontario	2457.36				
ORGANIC & DEVELOPMENTAL DISORDERS	MCC	3463.29	United	Ontario	3129.38				
OTHER MENTAL DISORDER DIAGNOSES	MCC	2626.81	United	Ontario	2073.81				
ALCOHOLIC DRUG ABUSE OR DEPENDENCE LEFT AM	MCC	1842.69	United	Ontario	1087.94				
ALCOHOLIC DRUG ABUSE OR DEPENDENCE W/ REHABILITATION THERAPY W/CC	MCC	2294.46	United	Ontario	1643.73				
ALCOHOLIC DRUG ABUSE OR DEPENDENCE W/ REHABILITATION THERAPY W/CC	MCC	3441.69	United	Ontario	3104.69				
WOUND DEBRIDEMENTS FOR INJURIES W/CC	MCC	2206.98	United	Ontario	1537.39				
WOUND DEBRIDEMENTS FOR INJURIES W/CC	MCC	1911.19	United	Ontario	1724.91				
WOUND DEBRIDEMENTS FOR INJURIES W/CC	MCC	3600.55	United	Ontario	3000.86				
WOUND DEBRIDEMENTS FOR INJURIES W/CC	MCC	2861.46	United	Ontario	2125.27				
SKIN GRAFTS FOR INJURIES W/CC	MCC	6326.24	United	Ontario	6210.56				
SKIN GRAFTS FOR INJURIES W/CC	MCC	3262.84	United	Ontario	2873.07				
HAND GRAFTS FOR INJURIES	MCC	4023.23	United	Ontario	2577.64				
OTHER O.R. PROCEDURES FOR INJURIES W/CC	MCC	6498.15	United	Ontario	6447.84				
OTHER O.R. PROCEDURES FOR INJURIES W/CC	MCC	3778.84	United	Ontario	3514.1				
OTHER O.R. PROCEDURES FOR INJURIES W/CC	MCC	3728.38	United	Ontario	1898.05				
TRAUMATIC INJURY W/CC	MCC	3229.42	United	Ontario	2821.82				
TRAUMATIC INJURY W/CC	MCC	22481	United	Ontario	1597.6				
ALLERGIC REACTIONS W/CC	MCC	1894.09	United	Ontario	1448.47				
ALLERGIC REACTIONS W/CC	MCC	1894.09	United	Ontario	1157.26				
POISONING & TOXIC EFFECTS OF DRUGS W/CC	MCC	3266.03	United	Ontario	2964.89				
POISONING & TOXIC EFFECTS OF DRUGS W/CC	MCC	2294.26	United	Ontario	1448.47				
COMPLICATIONS OF TREATMENT W/CC	MCC	3365.64	United	Ontario	3170.82				
COMPLICATIONS OF TREATMENT W/CC	MCC	2380.08	United	Ontario	1770.18				
COMPLICATIONS OF TREATMENT W/CC	MCC	1911.19	United	Ontario	1627.87				
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/CC	MCC	3318.87	United	Ontario	2945.31				
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/CC	MCC	2893.52	United	Ontario	1777.92				
EXTENSIVE BURNS OR FULL THICKNESS BURNS W/ M<96 HRS W/ SKIN GRAFT	MCC	10238.95	United	Ontario	8260.773				
FULL THICKNESS BURN W/ SKIN GRAFT OR INHAL INJ W/CC	MCC	10238.95	United	Ontario	1843.26				
FULL THICKNESS BURN W/ SKIN GRAFT OR INHAL INJ W/CC	MCC	5880.31	United	Ontario	5542.91				
EXTENSIVE BURNS OR FULL THICKNESS BURNS W/ M<96 HRS W/ SKIN GRAFT	MCC	6970.94	United	Ontario	7430.85				
FULL THICKNESS BURN W/ SKIN GRAFT OR INHAL INJ	MCC	3950.63	United	Ontario	3747.73				
NON-EXTENSIVE BURNS	MCC	4222.168	United	Ontario	2942.82				
O.R. PROC. W/ DIAGNOSES OF OTHER CONTACT IN HEALTH SERVICES W/CC	MCC	5377.61	United	Ontario	5332.34				
O.R. PROC. W/ DIAGNOSES OF OTHER CONTACT IN HEALTH SERVICES W/CC	MCC	3964.84	United	Ontario	3689.04				
O.R. PROC. W/ DIAGNOSES OF OTHER CONTACT IN HEALTH SERVICES W/CC	MCC	3688.42	United	Ontario	2908.35				
REHABILITATION W/CC	MCC	3037.06	United	Ontario	2651.47				
REHABILITATION W/CC	MCC	2524.41	United	Ontario	1945.94				
SIGNS & SYMPTOMS W/CC	MCC	2792.47	United	Ontario	1929.32				
SIGNS & SYMPTOMS W/CC	MCC	2071.45	United	Ontario	1389.52				
AFTERCARE W/CC	MCC	2474.88	United	Ontario	1881.21				
AFTERCARE W/CC	MCC	1780.748	United	Ontario	692.73				
OTHER FACTORS INFLUENCING HEALTH STATUS	MCC	1768.27	United	Ontario	884.51				
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	MCC	10440.05	United	Ontario	6862.03				
LIMS REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	MCC	6276.51	United	Ontario	4518.35				
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/CC	MCC	11232.4	United	Ontario	1301.24				
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/CC	MCC	7142.68	United	Ontario	6414.14				
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/CC	MCC	4642.38	United	Ontario	4065.11				
OTHER MULTIPLE SIGNIFICANT TRAUMA W/CC	MCC	4743.38	United	Ontario	4760.23				
OTHER MULTIPLE SIGNIFICANT TRAUMA W/CC	MCC	3520.119	United	Ontario	1716.46				
OTHER MULTIPLE SIGNIFICANT TRAUMA W/CC	MCC	2428.33	United	Ontario	1593.38				
HIV EXTENSIVE O.R. PROCEDURE W/CC</									

hospital_name	last_updated_on	version	hospital_location	address_license_num	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	icd9proc	icd9diag	unit	unit_of_measurement	charge_type	standard_chargeprogress	standard_chargediscountrush	payer_name	plan_name	standard_chargedisnegligible_dollar	standard_chargedisnegligible_percentage	standard_chargedisnegligible_algorithm	estimated_amount	standard_charginmin	standard_charginmax	standard_charginmethodology	additional_generic_notes
University Hospital	2025-09-17	2.0.0	University Hosp 150	Bergem St	31019 true				code	modifiers												
ORTHOGONAL BONE MARROW TRANSPLANT W/ CC/MCC	017	MS-DRG									9347.89	Walcare	Medicare	8120.34						7120.15		170893.57 case rate
CHEMOKINE ANTIGEN RECEPTOR (CAR) T CELL IMMUNOTHERAPY	018	MS-DRG									52042.53	Walcare	Medicare	40422.53						40422.53		64242.10 case rate
SMALL INTESTINAL PANCREAS AND GONADY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG									11962.92	Walcare	Medicare	10400.02						9320.35		141202.71 case rate
INTRACRANIAL VASCULAR PROCEDURES W/ FOX HEMORRHAGE W MCC	020	MS-DRG									12107.41	Walcare	Medicare	10559.61						9251.84		406659.68 case rate
INTRACRANIAL VASCULAR PROCEDURES W/ FOX HEMORRHAGE W CC	021	MS-DRG									8285.11	Walcare	Medicare	7207.4						2074		303203.74 case rate
INTRACRANIAL VASCULAR PROCEDURES W/ FOX HEMORRHAGE W MCC	022	MS-DRG									4061.24	Walcare	Medicare	41792.32						4792.32		201178.6 case rate
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W/ CC OR CHEMOTHERAPY IMPLANT OR EP	023	MS-DRG									8882.96	Walcare	Medicare	7420.44						6738.9		212020.69 case rate
CRANIOTOMY W MAJOR DEV IMPLANT/ACUTE COMPLEX CNS PDX W/ MCC	024	MS-DRG									40471.61	Walcare	Medicare	5325.14						40471.61		333568.25 case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG									17166.2	Walcare	Medicare	62005.4						62005.4		166852.44 case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG									32172.15	Walcare	Medicare	45387.79						36120.77		117633.41 case rate
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/ CC/MCC	027	MS-DRG									4392.59	Walcare	Medicare	3848.6						4392.59		29148.7 case rate
SPINAL PROCEDURES W MCC	028	MS-DRG									9402.19	Walcare	Medicare	81775.82						7188.14		209564.82 case rate
SPINAL PROCEDURES W/ CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG									93320.85	Walcare	Medicare	49595.87						39671.73		123204.39 case rate
SPINAL PROCEDURES W/ CC/MCC	030	MS-DRG									4823.5	Walcare	Medicare	2626.13						4823.5		148481.53 case rate
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG									6781.81	Walcare	Medicare	59010.27						4481.36		163182.86 case rate
VENTRICULAR SHUNT PROCEDURES W/ CC	032	MS-DRG									3973.26	Walcare	Medicare	3424.83						2522.68		11031.2 case rate
VENTRICULAR SHUNT PROCEDURES W/ CC/MCC	033	MS-DRG									3180.41	Walcare	Medicare	2773.4						1844.28		18141.8 case rate
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG									63071.44	Walcare	Medicare	55371.68						45371.68		268833.84 case rate
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG									4138.59	Walcare	Medicare	30305.01						2698.86		98801.24 case rate
CAROTID ARTERY STENT PROCEDURE W/ CC/MCC	036	MS-DRG									30186.57	Walcare	Medicare	30977.02						2165.7		471201.08 case rate
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG									5587.66	Walcare	Medicare	4820.8						3622.48		123204.67 case rate
EXTRACRANIAL PROCEDURES W/ CC	038	MS-DRG									3112.4	Walcare	Medicare	1921.82						1921.82		65208 case rate
EXTRACRANIAL PROCEDURES W/ CC/MCC	039	MS-DRG									2555.18	Walcare	Medicare	2221.89						1343.87		44171.53 case rate
PERIPHERAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG									6201.35	Walcare	Medicare	5396.39						4454.23		13327.3 case rate
PERIPHERAL NERVE & OTHER NERV SYST PROC W/ CC OR PERIPH NEUROSTIM	041	MS-DRG									41025.23	Walcare	Medicare	30224.4						19198.11		119981.11 case rate
PERIPHERAL NERVE & OTHER NERV SYST PROC W/ CC/MCC	042	MS-DRG									34140.13	Walcare	Medicare	29687.07						20759.53		109872.39 case rate
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG									3767.08	Walcare	Medicare	3072.9						2377.68		48031.48 case rate
SPINAL DISORDERS & INJURIES W/ CC/MCC	053	MS-DRG									2293.93	Walcare	Medicare	19693.86						10883.13		102827.55 case rate
NEUROUS SYSTEM NEOPLASMS W MCC	054	MS-DRG									3057.29	Walcare	Medicare	26571.56						17706.65		153781.38 case rate
NEUROUS SYSTEM NEOPLASMS W/ CC	055	MS-DRG									2490.98	Walcare	Medicare	2165.02						1286.97		40844.13 case rate
DEGENERATIVE NEUROUS SYSTEM DISORDERS W MCC	056	MS-DRG									44846.71	Walcare	Medicare	2677.23						2677.23		63971.37 case rate
DEGENERATIVE NEUROUS SYSTEM DISORDERS W/ CC/MCC	057	MS-DRG									28274.53	Walcare	Medicare	24586.55						15761.29		47165.66 case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG									36328.38	Walcare	Medicare	30711.29						2102.88		68362.72 case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/ CC	059	MS-DRG									2811.83	Walcare	Medicare	2203.16						1442.98		14429.8 case rate
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/ CC/MCC	060	MS-DRG									2148.36	Walcare	Medicare	19250.44						1040.8		32481.13 case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG									41346.12	Walcare	Medicare	3181.26						3181.26		111082.23 case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG									34453.07	Walcare	Medicare	29967.66						2103.14		13304.7 case rate
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W/ CC/MCC	063	MS-DRG									29229.28	Walcare	Medicare	25453.03						16522.82		164736.96 case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG									2312.14	Walcare	Medicare	2428.78						2428.78		220599.28 case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG									23574.94	Walcare	Medicare	20759.95						12011.13		42326.72 case rate
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/ CC/MCC	066	MS-DRG									19319.51	Walcare	Medicare	16789.97						8109.87		28320.29 case rate
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/ INFARCT W MCC	067	MS-DRG									20933.85	Walcare	Medicare	18359.85						9468.15		68865.11 case rate
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/ INFARCT W/ CC	068	MS-DRG									2197.28	Walcare	Medicare	19120.7						1041.85		35055.59 case rate
TRANSIENT ISCHEMIA W/ THROMBOLYTIC	069	MS-DRG									20869.07	Walcare	Medicare	18147.02						9450.4		28959.86 case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG									18975.99	Walcare	Medicare	16427.48						10417.22		10271.87 case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W/ CC	071	MS-DRG									24386.77	Walcare	Medicare	21205.88						12448.16		38463.1 case rate
NONSPECIFIC CEREBROVASCULAR DISORDERS W/ CC/MCC	072	MS-DRG									20177.45	Walcare	Medicare	17546.61						8801		26843.19 case rate
CRAIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG									4448.79	Walcare	Medicare	2711.99						1820.69		55042.78 case rate
CRAIAL & PERIPHERAL NERVE DISORDERS W/ CC	074	MS-DRG									2427.38	Walcare	Medicare	21007.28						1323.33		37988.92 case rate
VIRAL MENINGITIS W MCC	075	MS-DRG									3871.88	Walcare	Medicare	26507.29						1963.11		57762.77 case rate
VIRAL MENINGITIS W/ CC/MCC	076	MS-DRG									22407.63	Walcare	Medicare	19524.72						10329.88		52172.87 case rate
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG									31211.49	Walcare	Medicare	27140.43						1824.15		60538.86 case rate
HYPERTENSIVE ENCEPHALOPATHY W/ CC	078	MS-DRG									23103.85	Walcare	Medicare	20520.96						17782.72		37840.69 case rate
HYPERTENSIVE ENCEPHALOPATHY W/ CC/MCC	079	MS-DRG									18943.44	Walcare	Medicare	16477.78						7814.5		29118.73 case rate
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG									3700.16	Walcare	Medicare	3224.92						2206.88		7296.35 case rate
NONTRAUMATIC STUPOR & COMA W/ CC	081	MS-DRG									22323.22	Walcare	Medicare	18428.89						10287.86		33335.38 case rate
TRAUMATIC STUPOR & COMA, COMA + 1 HR W MCC	082	MS-DRG									41927.84	Walcare	Medicare	36487.69						27455.09		84200.51 case rate
TRAUMATIC STUPOR & COMA, COMA + 1 HR W/ CC	083	MS-DRG									2960.7	Walcare	Medicare	25201.48						16422.74		50514.07 case rate
TRAUMATIC STUPOR & COMA, COMA + 1 HR W/ CC/MCC	084	MS-DRG									23303.12	Walcare	Medicare	19229.27						12029.99		36915.16 case rate
TRAUMATIC STUPOR & COMA, COMA + 1 HR W MCC	085	MS-DRG									41166.62	Walcare	Medicare	35814.45						26784.9		85035.26 case rate
TRAUMATIC STUPOR & COMA, COMA + 1 HR W/ CC	086	MS-DRG									27958.22	Walcare	Medicare	24311.76						15491.99		44849.67 case rate
TRAUMATIC STUPOR & COMA, COMA + 1 HR W/ CC/MCC	087	MS-DRG									22951.93	Walcare	Medicare	1918								

hospital_name	last_updated_on	version	hospital_location	address_line1	address_line2	city	state	zip	status	type	rating	standard_chargemsg	standard_chargemsg_dollar	standard_chargemsg_percentage	standard_chargemsg_algorithm	estimated_amount	standard_charginm	standard_charginms	standard_charginmtechnology	additional_generic_nuts
University Hospital	2025-09-17	2.0.0	University	Hugh 150	Begem St			31019	true	comple	comple									
BRONCHITIS & ASTHMA W/O COMCC	203	MS DRG										1943.55	16999.8							6277.9
RESPIRATORY SIGNS & SYMPTOMS	204	MS DRG										2102.14	14400.0							10396.74
OTHER RESPIRATORY SYSTEM DIAGNOSES W/ MCC	205	MS DRG										3694.72	26298.0							8026.73
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS DRG										2234.08	16098.0							3386.54
RESPIRATORY SYSTEM DIAGNOSIS W/ VENTILATOR SUPPORT <= 96 HOURS	207	MS DRG										9943.70	69448.0							21832.01
RESPIRATORY SYSTEM DIAGNOSIS W/ VENTILATOR SUPPORT > 96 HOURS	208	MS DRG										4697.73	34049.0							9070.66
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS DRG										16070.76	118900.0							27458
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS DRG										15682.70	112495.0							20284.10
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/CC	216	MS DRG										14345.04	104281.0							38303.85
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/CC	217	MS DRG										9226.86	68036.0							26727.62
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O COMCC	218	MS DRG										16237.6	120238.0							220348.04
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/CC	219	MS DRG										11702.27	87108.0							30020.24
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O COMCC	220	MS DRG										8132.49	61049.0							20343.14
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O COMCC	221	MS DRG										1436.58	10825.0							17197.85
OTHER CARDIOTHORACIC PROCEDURES W/ MCC	228	MS DRG										7848.73	58564.1							16860.35
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS DRG										5203.28	38508.0							10120.14
CORONARY BYPASS W/ PTCA W/ MCC	231	MS DRG										12226.86	90420.0							32765.89
CORONARY BYPASS W/ PTCA W/O MCC	232	MS DRG										9448.91	69830.0							24028.72
CORONARY BYPASS W/ CARDIAC CATH W/ MCC	233	MS DRG										18119.83	134072.0							29762.70
CORONARY BYPASS W/ CARDIAC CATH W/O MCC	234	MS DRG										830.92	7263.0							20770.83
CORONARY BYPASS W/O CARDIAC CATH W/ MCC	235	MS DRG										9333.31	69420.0							24268.77
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS DRG										6872.70	50946.0							15315.18
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/ MCC	239	MS DRG										7591.63	56020.0							18369.67
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O MCC	240	MS DRG										5014.03	36923.0							107070.31
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O COMCC	241	MS DRG										3076.98	22617.0							6226.17
PERMANENT CARDIAC PACEMAKER IMPLANT W/ MCC	242	MS DRG										56793.12	41938.32							145795.26
PERMANENT CARDIAC PACEMAKER IMPLANT W/ CC	243	MS DRG										4100.67	30656.36							99055.58
PERMANENT CARDIAC PACEMAKER IMPLANT W/O COMCC	244	MS DRG										3426.95	25474.74							6931.1
AICD GENERATOR PROCEDURES	245	MS DRG										7751.22	57720.54							16506.98
PERICARDIASC PROC W/ CORONARY ARTERY STENT W/ MCC	250	MS DRG										4193.02	30370.0							100903.31
PERICARDIASC PROC W/ CORONARY ARTERY STENT W/O MCC	251	MS DRG										3147.41	23038.86							66445.94
OTHER VASCULAR PROCEDURES W/ MCC	252	MS DRG										5735.34	42584.13							127165.02
OTHER VASCULAR PROCEDURES W/ CC	253	MS DRG										4938.47	36272.46							101195.86
OTHER VASCULAR PROCEDURES W/O COMCC	254	MS DRG										1924.48	14269.84							7060.17
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/ MCC	255	MS DRG										4654.59	34038.78							69098.48
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O MCC	256	MS DRG										3254.47	24919.63							60211.54
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/ CC	257	MS DRG										2076.12	15606.0							43263.78
CARDIAC PACEMAKER DEVICE REPLACEMENT W/ MCC	258	MS DRG										4864.19	35766.66							11688.12
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS DRG										2968.28	22046.74							61757.68
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/ MCC	260	MS DRG										5698.93	42656.46							141185.84
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/ CC	261	MS DRG										3606.55	26949.0							77894.14
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O COMCC	262	MS DRG										3891.48	28963.04							62962.0
VEIN LIGATION & STRIPPING	263	MS DRG										4852.82	36029.41							83312.55
OTHER CIRCULATORY SYSTEM OR PROCEDURES	264	MS DRG										5822.09	43440.0							102307.51
AICD LEAD PROCEDURES	265	MS DRG										9202.41	68446.08							147197.12
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/ MCC	266	MS DRG										52812.3	39076.0							28616.84
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS DRG										7483.7	55986.0							22019.84
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATON BALLOON W/ MCC	268	MS DRG										6465.33	48466.78							201491.23
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATON BALLOON W/O MCC	269	MS DRG										6747.39	50488.9							161914.16
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/ MCC	270	MS DRG										8952.93	66063.34							197441.73
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/ CC	271	MS DRG										5719.39	42881.0							106262.66
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O COMCC	272	MS DRG										4440.38	33661.2							102124.23
PERICUTANEOUS INTRACARDIAC PROCEDURES W/ MCC	273	MS DRG										42076.83	310659.0							142423.07
PERICUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS DRG										5307.02	39683.75							116174.55
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS DRG										10772.06	80377.44							130301.42
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS DRG										5654.72	41860.02							110786.26
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS DRG										7425.48	54609.98							65486.01
ULTRASOUND ACCELERATED AND OTHER THERMOABLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS DRG										79125.93	59068.58							89418.98
ULTRASOUND ACCELERATED AND OTHER THERMOABLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS DRG										19459.96	145443.31							179284.63
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/ MCC	280	MS DRG										32529.59	24386.6							13987.43
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/ CC	281	MS DRG										22526.64	19613.78							38211.26
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O COMCC	282	MS DRG										19405.96	145433.09							207194.34
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/ MCC	283	MS DRG										3881.67	29036.25							70396.93
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/ CC	284	MS DRG										20064.94	17423.74							29692.77
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O COMCC	285	MS DRG										17509.60	132091.14							23851.77
CIRCULATORY DISORDERS EXCEPT PALL W/ CARD CATH W/ MCC	286	MS DRG										4045.19	35179.3							85066.47
CIRCULATORY DISORDERS EXCEPT PALL W/ CARD CATH W/O MCC	287	MS DRG										2486.28	18969.0							44425.07
ACUTE & SUBACUTE ENDOCARDITIS W/ MCC	288	MS DRG										47626.51	35424.79							105088.76
ACUTE & SUBACUTE ENDOCARDITIS W/ CC	289	MS DRG										3162.84	18623.22							66989.07
ACUTE & SUBACUTE ENDOCARDITIS W/O COMCC	290	MS DRG										2336.64	17633.17							139451.48
HEART FAILURE & SHOCK W/ MCC	291	MS DRG										2784.27	24228.8							32482.02
HEART FAILURE & SHOCK W/ CC	292	MS DRG										1715.92	18883.41							101728
HEART FAILURE & SHOCK W/O COMCC	293	MS DRG										1734.63	12810.07							64808.08
DEEP VEIN THROMBOPHLEBITIS W/ COMCC	294	MS DRG																		





























































hospital_name	last_updated_on	version	hospital_location	address_line_one	address_line_two	best_of_knowledge_and_belief	hospital_has_included_all_applicable_standard_charge_information_in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscountrcashed	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginmin	standard_charginmax	standard_charginnchology	additional_generic_notes
University Hospital	2025-09-17	2.0.0	hospital_location	address_line_one	address_line_two	best_of_knowledge_and_belief	hospital_has_included_all_applicable_standard_charge_information_in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargediscountrcashed	payer_name	plan_name	standard_chargednegotiated_dollar	standard_chargednegotiated_percentage	standard_chargednegotiated_algorithm	estimated_amount	standard_charginmin	standard_charginmax	standard_charginnchology	additional_generic_notes
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Horizon	Medicare Blue				0.79			0.79				Drugs are paid at 100% of the AWP. Standard charge amount can be case spe	
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Horizon	NJ Health				0.45			0.45				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Horizon	PPO				0.7			0.7				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Horizon	Medicaid				1.26			1.26				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Horizon	UHC				1.2			1.2				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Horizon	United Commercial/PPO				0.59			0.59				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Wellcare	Medicaid				1.74			1.74				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOC 100 MG/10ML IV SOLN	10019-1201	NDC	J185	HCPCS	both	1.EA	4.38	Wellcare	WellPart				1.49			1.49				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MENA 100 MG/ML IV SOLN	10019-6301	NDC	J209	HCPCS	both	1.EA	18	Horizon	NJ Health				4.11			4.11				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MENA 100 MG/ML IV SOLN	10019-6301	NDC	J209	HCPCS	both	1.EA	18	Horizon	PPO				9.65			9.65				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MENA 100 MG/ML IV SOLN	10019-6301	NDC	J209	HCPCS	both	1.EA	18	Horizon	Medicaid				3.59			3.59				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Aetna	Better Health				90.76			90.76				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Aetna	Commercial				147.97			147.97				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Aetna	Medicare				114.99			114.99				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Aetna	Medicare Blue				150.34			150.34				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Aetna	Indemnity				186.89			186.89				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Aetna	United				132.08			132.08				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Aetna	MGD				126.96			126.96				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	NJ Health				94.77			94.77				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	PPO				119.92			119.92				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	Medicaid				134.48			134.48				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	UHC				137.64			137.64				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	United Commercial/PPO				113.04			113.04				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	Indemnity				89.59			89.59				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	Medicaid				141.9			141.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	Horizon	Medicare				146.64			146.64				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LPRO MICROSPHERE 6.52 MG/ML IV SUSP	19941-0104	NDC	Q967	HCPCS	both	1.EA	66.75	WellPart	WellPart				85.67			85.67				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM Tc 99m PERTHECNETATE CO KIT	1984-0901	NDC	AS12	HCPCS	both	1.EA	2.31	United	Commercial				2.31			2.31				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM Tc 99m PERTHECNETATE CO KIT	1984-0901	NDC	AS12	HCPCS	both	1.EA	46.3	United	Medicaid				60.31			60.31				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM Tc 99m PERTHECNETATE CO KIT	1984-0901	NDC	AS12	HCPCS	both	1.EA	46.3	United	Medicare				1.61			1.61				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM Tc 99m PERTHECNETATE CO KIT	1984-0901	NDC	AS12	HCPCS	both	1.EA	46.3	Aetna	Commercial				2.31			2.31				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM Tc 99m PERTHECNETATE CO KIT	1984-0901	NDC	AS12	HCPCS	both	1.EA	46.3	Horizon	NJ Health				356.47			356.47				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM Tc 99m PERTHECNETATE CO KIT	1984-0901	NDC	AS12	HCPCS	both	1.EA	46.3	Aetna	Better Health				12.25			12.25				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM Tc 99m PERTHECNETATE CO KIT	1984-0901	NDC	AS12	HCPCS	both	1.EA	46.3	Horizon	NJ Health				23.46			23.46				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS IMMUNE GLOBULIN 250 UNT/ML IN SOLN	14789-12805	NDC	J250	HCPCS	both	1.EA	146.22	Wellcare	Medicare				93.97			93.97				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS IMMUNE GLOBULIN 250 UNT/ML IN SOLN	14789-12805	NDC	J250	HCPCS	both	1.EA	146.22	WellPart	WellPart				36.83			36.83				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS IMMUNE GLOBULIN 250 UNT/ML IN SOLN	14789-12805	NDC	J250	HCPCS	both	1.EA	146.22	WellPart	NJ Health				17.97			17.97				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	UHC	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				256.04			256.04				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML IN SOLN	6729-15105	NDC	J280	HCPCS	both	1.EA	81.78	Wellcare	Medicare				15.9			15.9				other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe









University Hospital	last_updated_on	version	hospital_location_address_line_num10	best_of_knowledge_and_belief	the_hospital_has_included_all_applicable_standard_charge_information_in accordance_with_the_requirements_of_45_CFR_180.50	and_the_information_encoded_is_true	accurate	and_complete_as_of_the_date_indicated	code/line	code/type	unit_of_measurement	drug_name	drug_unit_of_measurement	drug_type_of_measurement	standard_chargelogs	standard_charged/standard_cash	payer_name	plan_name	standard_charged/negotiated_dollar	standard_charged/negotiated_percentage	standard_charged/negotiated_algorithm	estimated_amount	standard_charginum	standard_charginumx	standard_charginumtechnology	additional_general_notes	
ALBUMIN HUMAN 5 % IV SOLN	2025-06-17	23.0	University Hwy 159 Bergen St	310119					06021	06021		Amerhealth		EA	32.5		Amerhealth	HMOPPO				36.44			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	Intensify				62.72			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	Medicare Blue				53.19			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	MID				64.25			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	NU Health				38.62			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	PPO				45.5			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	Medicaid				44.51			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	UHC				56.83			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	Medicare				56.83			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	United	CommerciaPPO				31.34			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	Wellcare	Medicaid				108.25			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	Wellcare	Medicare				78.81			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3105	NDC							06021	06021		Horizon		EA	32.5		Horizon	WellPoint	WellPoint				71.3			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Aetna		EA	32.5		Aetna	Better Health				40.59			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Aetna		EA	32.5		Aetna	Commercial				52.17			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Aetna		EA	32.5		Aetna	Medicare				47.22			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Amerhealth		EA	32.5		Amerhealth	HMOPPO				36.44			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	Intensify				62.72			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	Medicare Blue				53.19			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	MID				64.25			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	NU Health				38.62			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	PPO				45.5			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	UHC				44.51			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	UHC	Medicare				56.83			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	UHC	Medicare				56.83			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	United	CommerciaPPO				31.34			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	Wellcare	Medicaid				108.25			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	Wellcare	Medicare				78.81			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	44206-3100	NDC							06021	06021		Horizon		EA	32.5		Horizon	WellPoint	WellPoint				71.3			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
ALBUMIN HUMAN 5 % IV SOLN	4467-2310	NDC							06021	06021		Horizon		EA	8.70		Horizon	NU Health				0.39			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CEFTAZIDIME 1 G IV SOLN	4467-2325	NDC							06021	06021		Horizon		EA	8.1		Horizon	NU Health				1.44			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CEFTAZIDIME 1 G IV SOLN	4467-2325	NDC							06021	06021		Horizon		EA	8.1		Horizon	PPO				1.77			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CEFTAZIDIME 1 G IV SOLN	4467-2325	NDC							06021	06021		Horizon		EA	8.1		Horizon	UHC	Medicaid				2.49			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CEFTAZIDIME 1 G IV SOLN	4467-2325	NDC							06021	06021		Horizon		EA	8.1		Horizon	UHC	Medicare				2			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CEFTAZIDIME 1 G IV SOLN	4467-2325	NDC							06021	06021		Horizon		EA	8.1		Horizon	United	CommerciaPPO				1.56			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Aetna		EA	9		Aetna	Better Health				2.58			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Aetna		EA	9		Aetna	Commercial				4.81			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Horizon		EA	9		Horizon	MID				1.2			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Horizon		EA	9		Horizon	NU Health				1.2			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Horizon		EA	9		Horizon	UHC	Medicaid				2.25			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Horizon		EA	9		Horizon	UHC	Medicare				5.63			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Horizon		EA	9		Horizon	UHC	Medicare				2.2			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CEFTAZIDIME 2 G IV SOLN	4467-2310	NDC							06021	06021		Horizon		EA	9		Horizon	WellPoint	WellPoint				2.38			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CEFTAZIN SODIUM 1 G IV SOLN	4467-8405	NDC							06021	06021		Aetna		EA	9		Aetna	Commercial				11.83			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Aetna		EA	0.71		Aetna	Better Health				0.11			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Aetna		EA	0.71		Aetna	Commercial				0.23			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Horizon		EA	0.71		Horizon	Intensify				0.11			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Horizon		EA	0.71		Horizon	Medicare Blue				0.25			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Horizon		EA	0.71		Horizon	MID				0.15			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Horizon		EA	0.71		Horizon	NU Health				0.11			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Horizon		EA	0.71		Horizon	PPO				0.12			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06021		Horizon		EA	0.71		Horizon	UHC	Medicaid				0.12			Other	Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
CALCIUM GLUCONATE-NACL 1.0 EFG GRAMSLN % IV SOLN	4467-8201	NDC							06021	06																	















































University Hospital description	last_updated_on	version	hospital_location	hospital_address_line_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	3/19/19	code/line	code/type	unit	drug_unit_of_measurement	drug_type_of_measurement	standard_charges/pcs	standard_charges/standard_coun	payer_name	plan_name	standard_charges/negotiated_dollar	standard_charges/negotiated_percentage	standard_charges/negotiated_algorithm	estimated_amount	standard_charginm	standard_charginms	standard_charginmtechnology	additional_generic_notes
ALBUMIN HUMAN 5 % IV SOLN	2025-09-17	23.0	University Hospital	3/19/19	0695	6816-0219-0	NDC	1EA	155	PC945	HCPSS	both	1EA	155	WellPar	WellPar	71.3				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-0	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Aetna	Better Health	40.59				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-0	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Aetna	WellPar	52.17				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Aetna	Medicare	47.22				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HAD/PPD	both	1EA	155	Aetna	Medicare	36.44				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Horizon	Idemity	82.72				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Horizon	Medicare Blue	53.19				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Horizon	MCD	64.25				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Horizon	NU Health	38.62				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Horizon	PPO	45.5				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	UHC	Medicaid	44.61				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	UHC	Medicare	56.83				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	United	Commercial/PPD	31.34				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Wellcare	Medicare	79.81				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	Wellcare	Medicare	108.25				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
ALBUMIN HUMAN 5 % IV SOLN					0695	6816-0219-2	NDC	1EA	155	PC945	HCPSS	both	1EA	155	WellPar	WellPar	71.3				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
CINACACET HCL 60 MG PO TABS					0697	6097-4110-2	NDC	1EA	3.07	J084	HCPSS	both	1EA	3.07	Horizon	Medicare	0.42				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
CINACACET HCL 60 MG PO TABS					0697	6097-4110-2	NDC	1EA	3.07	J084	HCPSS	both	1EA	3.07	WellPar	WellPar	0.57				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
CINACACET HCL 60 MG PO TABS					0697	6097-4110-2	NDC	1EA	3.07	J084	HCPSS	both	1EA	3.07	WellPar	WellPar	0.28				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Aetna	Commercial	2.74				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Aetna	Commercial	3.08				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Aetna	Medicare	2.32				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	Medicare Blue	2.34				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	MCD	2.93				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	NU Health	1.58				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	PPO	1.42				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	UHC	Medicaid	2.73				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	UHC	Medicare	4.03				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	United	Commercial/PPD	2.42				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K10 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	United	Oxford	2.27				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K11 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	WellPar	WellPar	4.83				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K11 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Aetna	Commercial	0.87				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K11 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	NU Health	0.67				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K11 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	Idemity	8.57				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K11 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	NU Health	0.69				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
VITAMIN K11 MG/ML NU SOLN					6097	7086-2	NDC	1EA	15.4	J430	HCPSS	both	1EA	15.4	Horizon	NU Health	0.01				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
TESTOSTERONE CYPONATE 200 MG/ML IN SOLN					6097	8032-2	NDC	1EA	0.35	J1071	HCPSS	both	1EA	0.35	Aetna	Better Health	6.29				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Aetna	Commercial	6.81				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Aetna	Commercial	6.81				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Aetna	Medicare	5.9				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	Medicare Blue	8.17				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	MCD	6.81				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	NU Health	6.95				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	PPO	10.12				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	UHC	Medicaid	6.48				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	UHC	Medicare	8.05				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Wellcare	Medicare	8.74				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	WellPar	WellPar	3.72				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Aetna	Better Health	8.77				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Aetna	Commercial	6.29				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Aetna	Commercial	5.8				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	Medicare Blue	8.17				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	MCD	6.81				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	NU Health	6.95				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	Horizon	PPO	10.12				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	UHC	Medicaid	6.48				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	other
DIAZEPAM 5 MG/ML NU SOLN					6039	1360-2	NDC	1EA	44.31	J360	HCPSS	both	1EA	44.31	UHC	Medicare						











description	last_updated_on	version	hospital_location	hospital_address_line_num1	to the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code	unit	charge	drug_unit_of_measurement	drug_type_of_measurement	standard_chargegross	standard_chargegross_counth	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginum	standard_charginxms	standard_charginxmspharmacy	additional_general_notes
UNIVERSITY HEALTH	2025-09-17	2.0.0	University Health	159 Bergen St	3/19/19																	
PROCOPORPERAZINE ESDISATE 10 MG/MIL IN SOLN	72266-2481	NDC	J780	HCPS	both	1E.A	16.5		WellPar	WellPar	16.5		Aetna	Commercial	16.5			3.94				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Aetna	Commercial	49.88		Aetna	Commercial	49.88			135.60				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Aetna	Commercial	49.88		Aetna	Commercial	49.88			84.64				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	MCD	49.88		Horizon	MCD	49.88			165.3				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	NU Health	49.88		Horizon	NU Health	49.88			96.48				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	PPO	49.88		Horizon	PPO	49.88			88.26				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	UHC Medicaid	49.88		UHC	Medicaid	49.88			112.6				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		WellPar	WellPar	49.88		WellPar	WellPar	49.88			152.72				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Aetna	Commercial	49.88		Aetna	Commercial	49.88			135.66				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Aetna	Medicare	49.88		Aetna	Medicare	49.88			64.64				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	MCD	49.88		Horizon	MCD	49.88			165.3				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	NU Health	49.88		Horizon	NU Health	49.88			96.48				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	PPO	49.88		Horizon	PPO	49.88			88.26				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Horizon	UHC Medicaid	49.88		UHC	Medicaid	49.88			112.6				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		WellPar	WellPar	49.88		WellPar	WellPar	49.88			152.72				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Aetna	Commercial	49.88		Aetna	Commercial	49.88			135.66				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
SINCALDES 5 MCG IN SOLR	72266-2481	NDC	J285	HCPS	both	1E.A	49.88		Aetna	Medicare	49.88		Aetna	Medicare	49.88			64.64				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		WellPar	WellPar	5.76		Aetna	Better Health	5.76			1.6				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Aetna	Commercial	5.76		Aetna	Commercial	5.76			1.6				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Horizon	MCD	5.76		Horizon	MCD	5.76			1.49				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Aetna	Medicare	5.76		Aetna	Medicare	5.76			1.97				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Horizon	Indemnity	5.76		Horizon	Indemnity	5.76			3.22				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Horizon	Medicare Blue	5.76		Horizon	Medicare Blue	5.76			1.94				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Horizon	MCD	5.76		Horizon	MCD	5.76			2.84				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Horizon	NU Health	5.76		Horizon	NU Health	5.76			1.48				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Horizon	PPO	5.76		Horizon	PPO	5.76			3.46				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		WellPar	WellPar	5.76		WellPar	WellPar	5.76			1.21				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		United	Medicaid	5.76		United	Medicaid	5.76			2.1				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		United	Commercial	5.76		United	Commercial	5.76			2.07				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		United	Medicare	5.76		United	Medicare	5.76			1.63				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		United	Medicare	5.76		United	Medicare	5.76			1.61				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Wellcare	Medicaid	5.76		Wellcare	Medicaid	5.76			1.73				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Wellcare	Medicare	5.76		Wellcare	Medicare	5.76			2.33				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		WellPar	WellPar	5.76		WellPar	WellPar	5.76			1.92				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
DIPHENHYDRAMINE HCL 50 MG/MIL IN SOLN	72486-10125	NDC	J1200	HCPS	both	1E.A	5.76		Aetna	Better Health	5.76		Aetna	Better Health	5.76			1.04				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Commercial	2.07		Aetna	Commercial	2.07			0.67				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Medicare	2.07		Aetna	Medicare	2.07			1.26				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Medicare	2.07		Aetna	Medicare	2.07			1.21				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Horizon	Indemnity	2.07		Horizon	Indemnity	2.07			1.13				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Horizon	Medicare Blue	2.07		Horizon	Medicare Blue	2.07			1.09				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Horizon	MCD	2.07		Horizon	MCD	2.07			1.3				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Horizon	NU Health	2.07		Horizon	NU Health	2.07			1.2				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Horizon	PPO	2.07		Horizon	PPO	2.07			1.18				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		UHC	Medicaid	2.07		UHC	Medicaid	2.07			0.89				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		UHC	Medicare	2.07		UHC	Medicare	2.07			1.33				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		United	Commercial	2.07		United	Commercial	2.07			0.96				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Wellcare	Medicaid	2.07		Wellcare	Medicaid	2.07			0.87				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Wellcare	Medicare	2.07		Wellcare	Medicare	2.07			0.96				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		WellPar	WellPar	2.07		WellPar	WellPar	2.07			0.97				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Commercial	2.07		Aetna	Commercial	2.07			142.21				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Commercial	2.07		Aetna	Commercial	2.07			0.96				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Commercial	2.07		Aetna	Commercial	2.07			0.97				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Commercial	2.07		Aetna	Commercial	2.07			0.96				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Commercial	2.07		Aetna	Commercial	2.07			0.97				Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt
MEDROPENEM 1 G IV SOLR	72486-41210	NDC	J2185	HCPS	both	1E.A	2.07		Aetna	Commercial	2.07		Aetna	Commercial								

hospital_location_address_line_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	last_updated_on	version	hospital_location_address_line_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.	code	code_type	description	unit_of_measurement	drug_unit_of_measurement	drug_hqs_of_measurement	standard_chargelogs	standard_chargediscouted_cash	payer_name	plan_name	standard_chargeregulated_dollar	standard_chargeregulated_percentage	standard_chargeregulated_algorithm	estimated_amount	standard_charginum	standard_charginmax	standard_charginnecology	additional_generic_notes
UNIVERSITY HOSPITAL	2025-05-17	2.0.0	UNIVERSITY HOSP 150 BERGEN ST	31019	true																
SODIUM BICARBONATE 8.4 % IV SOLN	76329-332-1	NDC	J3480	HCPCS	both				1.41			Wellcare	Wellcare	0.34			0.34			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
SODIUM BICARBONATE 8.4 % IV SOLN	76329-332-1	NDC	J3480	HCPCS	both				1.41			Wellcare	Medicare	1.28			1.28			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
SODIUM BICARBONATE 8.4 % IV SOLN	76329-332-1	NDC	J3480	HCPCS	both				1.41			Wellcare	WellPant	0.42			0.42			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
NALOXONE HCL 2 MG/ML, NU SUSP	76329-338-1	NDC	J2312	HCPCS	both				0.59			Horizon	NU Health	5.52			5.52			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
NALOXONE HCL 2 MG/ML, NU SUSP	76329-338-1	NDC	J2312	HCPCS	both				0.59			Horizon	Medicaid	9.65			9.65			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Aetna	Better Health	0.87			0.87			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Aetna	Commercial	0.73			0.73			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Aetna	Medicare	0.69			0.69			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Horizon	Indemnity	1.6			1.6			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Horizon	Medicare Blue	0.75			0.75			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Horizon	MCD	0.84			0.84			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Horizon	NU Health	0.7			0.7			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Horizon	PPO	1.05			1.05			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			UHC	Medicaid	0.81			0.81			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			UHC	Medicare	1.26			1.26			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			United	CommercialPPO	0.83			0.83			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			United	Medicare	0.62			0.62			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			Wellcare	Medicaid	0.89			0.89			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
LORAZEPAM 2 MG/ML, NU SOLN	76329-826-1	NDC	J2060	HCPCS	both				3.6			WellPant	WellPant	1.15			1.15			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			Horizon	Commercial	16.18			16.18			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			Aetna	Medicare	18.71			18.71			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			Horizon	MCD	22.81			22.81			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			Horizon	NU Health	5.29			5.29			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			Horizon	PPO	13.89			13.89			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			UHC	Medicaid	7.52			7.52			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			UHC	Medicare	9.64			9.64			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
BETAMETHASONE SOD PHOS & ACET 6 (3) MG/ML, NU SUSP	76206-118-01	NDC	J0702	HCPCS	both				31.44			Wellcare	Medicaid	12.65			12.65			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			Aetna	Better Health	134.5			134.5			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			Aetna	Commercial	145.02			145.02			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			Horizon	MCD	548.65			548.65			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			Horizon	NU Health	703.24			703.24			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			Horizon	PPO	1322			1322			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			UHC	Medicaid	1023.12			1023.12			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			Wellcare	Medicaid	1259.62			1259.62			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
ETOWOGESTREL 88 MG SC HPL	76206-145-01	NDC	J7307	HCPCS	both				437.68			WellPant	WellPant	787.96			787.96			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
NA HYALUR & NA CHONCH & HYALUR 0.55 & 5.16 IO KIT	8665-8510-0	NDC	J3480	HCPCS	both				472.47			Horizon	NU Health	68.74			68.74			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
NA HYALUR & NA CHONCH & HYALUR 0.55 & 5.16 IO KIT	8665-8510-0	NDC	J3480	HCPCS	both				472.47			UHC	Medicare	65.65			65.65			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			Horizon	MCD	1.68			1.68			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			Horizon	PPO	0.63			0.63			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			UHC	Medicaid	1.14			1.14			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			UHC	Medicare	0.22			0.22			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			Horizon	MCD	1.77			1.77			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			Horizon	PPO	0.68			0.68			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			UHC	Medicaid	0.97			0.97			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
CYCLOPHOSPHAMIDE 500 MG IN SOLN	81298-810-1	NDC	J9075	HCPCS	both				4.25			UHC	Medicare	0.12			0.12			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Aetna	Better Health	3.53			3.53			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Aetna	Commercial	2.06			2.06			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Aetna	Medicare	1.87			1.87			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Americanhealth	HMO/PP0	2.05			2.05			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Horizon	Indemnity	3.14			3.14			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Horizon	Medicare Blue	2.3			2.3			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Horizon	MCD	2.28			2.28			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Horizon	NU Health	1.86			1.86			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			Horizon	PPO	2.9			2.9			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			UHC	Medicaid	1.99			1.99			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			UHC	Medicare	3.26			3.26			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7			United	CommercialPPO	3.15			3.15			Drugs are paid at 100% of the AWP. Standard charge amount can be case rpt	
VASOPRESSIN SODIUM CHLORIDE 40-8 U/100ML % IV SOLN	81298-854-1	NDC	J2598	HCPCS	both				11.7												